



Winter Haven Montessori

305 Ave E SW, Winter Haven, FL 33880

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www.WinterHavenMontessori.com

Authorization for Emergency Medical Care

Childs Name:

Physician to be called in an emergency:

Name:

Phone:

Address:

Hospital:

If identified physician cannot be reached, what is parent / guardian preferred action?

Medical Insurance Information:

Name and Social Security Number of Policy Holder:

Group Name / Plan Number:

Medical History:

Allergies:

Chronic medical conditions / medical history:

Permission for medical treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent / guardian. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In the case of an accident or emergency, I authorize the care givers of Winter Haven Montessori to send my child to the above named physician or hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent / Guardian Signature

Date