



**Montessori Mes Petits Academy
Care & Education**

Emergency Consent Card

Child's Name: _____ DOB: _____ Card #: _____
 Address: _____
 Mother: _____ Work Phone: _____ Cell Phone: _____
 Father: _____ Work Phone: _____ Cell Phone: _____
 Emergency Contact: _____ Phone: _____
 Out of Town Contact: _____ Phone: _____
 Child's Doctor: _____ Phone: _____
 Child's Dentist: _____ Phone: _____
 Date of Most Recent Tetanus Shot: _____
 Allergies / Medications: _____



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For my child, _____ Care Card # _____

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) of Montessori Mes Petits Academy to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid, should in the opinion of the person(s) in attendance, such services be required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be my sole responsibility

Signature of Parent or Guardian _____ Date _____