



**Montessori Mes Petits Academy
Care & Education**

Emergency Consent Card

Child's Name: _____ DOB: _____
Care Card/ Insurance #: _____
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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Emergency Consent Card

For my child, _____
Care Card/Insurance # _____

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 _____