

ISSAQUAH MONTESSORI SCHOOL

2009 – 2010

EMERGENCY MEDICAL CARE CONSENT

I understand that **Issaquah Montessori School** will make every reasonable effort to provide a safe environment and I am fully aware of the inherent dangers and risks in participating in school activities and field trips, which may include physical injury or other consequences resulting from such activities. I have been fully advised of the risks participating therein with **Issaquah Montessori School**. In the event of accidents or illness, I understand that every reasonable effort will be made to contact me immediately. However, if I am unavailable, I authorize a representative of Issaquah Montessori School to secure emergency medical care for my child _____ as needed.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician who deems it immediately necessary or advisable to safeguard my child's health.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right of informed consent to seek treatment.

Preferred Hospital: _____

Parent/Guardian Name (Please Print) _____

Address: _____

Home phone _____ Cell phone _____ Work phone _____

Signature _____

Date: _____