# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize representatives of ACADEMY MONTESSORI INTERNATIONALE child care facility, to give consent for any and all necessary emergency medical care for my child(ren):

_____

_____

while said child(ren) is (are) in said individuals' custody.

_____
Signature of Parent or Guardian

Print Name: _____

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ 20 _____

(Seal)

_____

My Commission Expires: _____

Notary Public in and for _____

PHYSICIAN: _____ PHONE: _____

Address: _____

**EMERGENCY PHONE NUMBERS**

HOME _____ MOM CELL _____ DAD CELL _____

MOM WORK _____ DAD WORK _____

OTHER; NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

EMAILS: MOM: _____

DAD: _____ OTHERS: _____