



Suite 101, 57 East Main Street, Westborough, MA 01581

(508) 366-9288

**eBridge Montessori School  
First Aid and Emergency Medical Care Consent Form**

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Age** \_\_\_\_\_ **Date of Admission** \_\_\_\_\_

I authorize staff in the eBridge Montessori School who is trained in the basics of First aid/CPR to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to the \_\_\_\_\_ Hospital, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**Emergency Contacts (Other than parents, in order to be contacted):**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes            No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes            No

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes            No

Health Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent/Guardian**