



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