

Montessori Plus School

East Hill
 23807 - 98th Ave. S.
 Kent, WA 98031
 (253) 859-2262

Downtown
 318 - 3rd Ave.
 Kent, WA 98032
 (253) 854-2880

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

CHILD'S NAME LAST	FIRST	MIDDLE	NAME USED	BIRTHDATE
STREET ADDRESS			CITY AND STATE	ZIP CODE
CHILD'S PARENT/GUARDIAN'S NAME (#1)	HOME TELEPHONE NUMBER (WITH AREA CODE)		WORK TELEPHONE NUMBER (WITH AREA CODE)	
STREET ADDRESS (IF DIFFERENT)			CITY AND STATE	ZIP CODE
WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)			CITY AND STATE	ZIP CODE
CHILD'S PARENT/GUARDIAN'S NAME (#2)	HOME TELEPHONE NUMBER (WITH AREA CODE)		WORK TELEPHONE NUMBER (WITH AREA CODE)	
STREET ADDRESS (IF DIFFERENT)			CITY AND STATE	ZIP CODE
WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)			CITY AND STATE	ZIP CODE
OTHER THAN YOU, WHO IS AUTHORIZED TO PICK UP YOUR CHILD AND/OR WHO TO NOTIFY IN CASE OF EMERGENCY? (Additional contacts may be attached on a separate document that is signed and dated.)				
NAME	ADDRESS		TELEPHONE NUMBER	
Relationship:	Authorized to Pick Up &/or Emergency Contact <i>(Please circle one or both)</i>		Work:	Home:
Relationship:	Authorized to Pick Up &/or Emergency Contact <i>(Please circle one or both)</i>		Work:	Home:
Relationship:	Authorized to Pick Up &/or Emergency Contact <i>(Please circle one or both)</i>		Work:	Home:
WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?				
NAME	REASON			

CHILD'S HEALTH INFORMATION					
DATE OF CHILD'S LAST PHYSICAL EXAMINATION	CHILD'S HEALTH CARE PROVIDER'S NAME	TELEPHONE NUMBER (WITH AREA CODE)			
STREET ADDRESS		CITY AND STATE	ZIP CODE		
SPECIAL HEALTH PROBLEM		ALLERGIES, INCLUDED DRUG REACTIONS			
REGULAR MEDICATIONS		OTHER PATIENT DATA			
CHILD'S DENTIST NAME		TELEPHONE NUMBER (WITH AREA CODE)			
STREET ADDRESS		CITY	ZIP CODE		
CHILD'S MEDICAL INSURANCE COVERAGE					
INSURANCE COMPANY'S NAME (Primary)		MEMBER/POLICY NUMBER			
POLICY HOLDER'S NAME		EMPLOYER'S NAME			
INSURANCE COMPANY'S NAME (Secondary)		MEMBER/POLICY NUMBER			
POLICY HOLDER'S NAME		EMPLOYER'S NAME			
CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN					
<p>- I hereby give permission that my child, _____, may be given emergency treatment by a qualified child care provider at either of Montessori Plus School's Kent, Washington locations.</p> <p>- When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>- I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Please list the name and address of the preferred emergency facility or state "nearest emergency facility."</i></p> <p>- I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</p>					
PARENT/GUARDIAN'S SIGNATURE		DATE	PARENT/GUARDIAN'S SIGNATURE		DATE
STREET ADDRESS		CITY	ZIP CODE	TELEPHONE NUMBER (WITH AREA CODE)	