

Applebee Montessori Academy

Emergency Medical Attention Form

This form is used for emergencies and is kept separately to all the other paperwork provided.

Child's Name: _____ DOB: _____

Date of Admission: _____ Program Hours of Care: _____

Parent or Guardian Name: _____ Home Phone: _____

Home Address: _____

Mother's Cell _____ Mother's Work Phone _____ Occupation _____

Father's Cell _____ Father's Work Phone _____ Occupation _____

Emergency Contact Name (NOT parent) _____ Phone _____

Address _____ Relationship to child _____

Additional people who may pick up my child from school (NOT listed above)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my appropriate action.

Physician's Name: _____ Phone: _____

Physician's Address: _____

**** Child would be taken by ambulance to Baylor, Scott & White Hospital McKinney located at 5252 W. University Drive / Highway 380 at Lake Forest Drive, McKinney, TX 75071 (469-764-1000). ****

I give consent for the facility to secure any and all necessary emergency medical care for my child.

I hereby release Applebee Montessori Academy, their staff and agents from all liability taken pursuant to this release.

Parent or Guardian Signature

State of Texas, County of Collin

Subscribed and Sworn to me this _____ day of _____ 20__

Notary Public

I give _____ I do not give _____ permission for transportation in emergency situations.

I give _____ I do not give _____ permission for my child to participate in sprinkler play, wading pools, and water tables.