

learning - how to live - together



## Emergency Medical Authorization

### Emergency Contacts

Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Child's weight: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone today: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone today: \_\_\_\_\_

Other emergency contact name: \_\_\_\_\_ Phone today: \_\_\_\_\_

Should the above named child suffer an injury or illness while in the care of Village Montessori School, and VMS is unable to contact me immediately, I hereby authorize any needed emergency medical care for my child. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

In the event of emergency transport, the medical facility VMS uses is: *North Fulton Hospital, 3000 Hospital Blvd. Roswell, GA 30075 (770) 751-2555*

*VMS agrees to inform me of any incidents requiring professional medical attention involving my child.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please list any medical conditions (i.e. diabetic, asthmatic, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List any and all current medications your child is taking: \_\_\_\_\_

\_\_\_\_\_

List any environmental, substance, or food allergies: \_\_\_\_\_

\_\_\_\_\_