



The Montessori School of Pullman

115 NW State St, Suite 112
Pullman, WA 99163



pullmanmontessori.org
509.334.4114

Emergency Authorization

Child's Name: _____ Date of Birth: _____

Address: _____

Guardian Name: _____ **Guardian Name:** _____

Cell Phone: _____ **Cell Phone:** _____

Work Phone: _____ Work Phone: _____

E-mail Address: _____ E-mail Address: _____

Alternative people to contact if guardians cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Records and Preferences:

Physician's Office: _____ Dentist's Office: _____

Physician: _____ Dentist Name: _____

Phone: _____ Phone: _____

Please list medical information about your child that would be important to know in an emergency (e.g., chronic illness, asthma, allergies to medication, hypersensitivity to insect stings, etc.)

(read and sign other side)

Emergency Authorization

In case of an accident or severe illness at school, you will be called immediately after first aid is administered. If neither guardian can be reached, and a physician's care is required, your child's doctor or his/her designated alternate will be called and a message will be left for you at one of the above telephone numbers. For this reason, we require you to sign this emergency authorization form before your child enters school.

In case of sudden onset of non-emergency illness, or other situation that requires your child to be taken home from school, you will be called. If neither guardian can be reached, your alternative person(s) will be called to pick up your child.

I authorize the staff of the Montessori School of Pullman, Inc. to arrange for medical care and emergency surgery for the above child in the event of an accident or sudden illness, when I cannot be reached. This permission includes authorization to call an ambulance, if necessary. Every attempt will be made to send a familiar adult in the ambulance with the child if a parent or the alternative person listed above is unavailable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____