



## Emergency Medical Consent

In the event of a medical emergency and \_\_\_\_\_,  
parents/guardians of \_\_\_\_\_, can not be reached the  
Montessori School of Schenectady has permission to make emergency medical  
decisions for the above named child.

Childs Full Name: \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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