

Consent for Medical and /or Surgical Treatment

I _____ hereby grant permission to Northbrook Montessori staff to administer first aid and CPR and/or seek medical attention for my child, _____. In the event such treatment is deemed necessary, and I am unable to be contacted, I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, transfusion, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable during his/her stay in the hospital. I will pay for ambulance services if the staff deems it necessary to call them in case of an emergency.

Please complete:

Child's Physician _____

Physician's phone _____

Date of last tetanus (or DTP) immunization _____

Does child have any allergies? _____ Yes _____ No

List all the allergies _____

Date of last physical _____

Does child have any chronic disease or other health problem that might interfere with emergency medical or surgical treatment? _____ Yes _____

No If yes, then please list _____

Signature of Parent/Legal Guardian _____ Date _____

Address _____

3706 193rd PL SE Bothell WA 98012

Northbrook Montessori

Cell No: 818-857-0615

Home Phone _____ Office Phone _____

Emergency Contact (Name & Phone)
