

MONTESSORI SCHOOL OF BEAVERTON
Emergency Treatment Form (EMT)

As a parent or legal guardian of _____, Birthdate _____, I understand that, in the event of a medical emergency for my child, every effort will be made to reach me at the phone numbers listed below. However, if I cannot be reached in a timely manner, I hereby authorize Peter or Mary Davidson, or staff of the Montessori School of Beaverton, 11065 NW Crystal Creek Lane, Portland, OR, to consent to any medical or surgical treatment of the above child that such persons deem advisable. The above authorization is for the **school year beginning 9/1/08 and expiring after 8/31/09.**

	MOTHER	FATHER, if different
Name	_____	_____
Address	_____	_____
City, Zip	_____	_____
Email	_____	_____
Phone(s)	_____	_____
	Please label if cell, pager _____	_____
Employer	_____	_____
Work Phone	_____	_____
Work Email	_____	_____

If parents cannot be reached:

Emergency Contact #1 _____ Phone(s) _____
Relationship _____

Emergency Contact #2 _____ Phone(s) _____
Relationship _____

Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____

Health Insurance Co. _____ **ID #** _____
Membership # _____ **Group #** _____

Chronic illness(es) or allergies _____
Current Medications _____
Date of last DTP (Required) _____
Other pertinent information _____

OR

_____	OR	_____	
Signature (Mother/Guardian)	Date	Signature (Father/Guardian)	Date