



AMERICAN
MONTESSORI
ACADEMY

WE ARE MONTESSORI

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EMERGENCY MEDICAL FORM

In case of an emergency, may we contact your physician and, if necessary, take your child to the nearest hospital (note: the director or assistant director of the school will accompany the EMT to the hospital)? _____

Child's physician _____

Address _____

Phone _____

This authorizes South Loop Montessori School to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency.

Signature of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

List two people your child may be released to in an emergency if we cannot reach you.

1. Name _____ Phone _____

Address _____ Cell Phone _____

2. Name _____ Phone _____

Address _____ Cell Phone _____