

Montessori Peaks Academy

Student Emergency Information Form 2009-2010
(This form will be held in the classroom and carried on field trips)

Student name _____

Students Birthdate _____

Address _____

Home Phone _____

Teacher _____

Email Address _____

➤ Mother's name _____

Work number _____

Cell number _____

➤ Father's name _____

Work number _____

Cell number _____

➤ Emergency Contact _____

Phone number _____

Any know allergies _____

Additional comments _____

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant to Colorado Civil Code, The undersigned do hereby authorize Montessori Peaks Academy Principal or such substitute as he/she may designate as agent for the undersigned to consent to X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for _____ which is deemed advisable by and to be rendered under general or special supervision or physician and surgeon licensed under the Provision of Medicine Practice Act or any said physician or dentist at a hospital or elsewhere.

The authorization is effective for the school calendar year August 24, 2009 – May 28, 2010, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Parent/Guardian Signature _____ Date _____