

# IMA Emergency Medical Form

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

(To cover full term at Island Montessori Academy Centre)

Child's Name: \_\_\_\_\_

(one form per child required)

In the event of serious injury to my child, and the supervisor/staff of Island Montessori Academy (IMA) are unable to reach me or my emergency contact, I hereby give permission for IMA to act on my behalf in obtaining and/or authorizing emergency medical treatment for my child. I understand that any treatment would be on the advice of a qualified medical doctor.

Parent1/Guardian \_\_\_\_\_

Signature

Printed Name

Date

Parent2/Guardian \_\_\_\_\_

Signature

Printed Name

Date

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

Health Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Card: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

(Jul22)