



*Island
Montessori
Academy*
Shaping your child's future, today.

Emergency Medical Form

Date: September 2017 through to June 2018
(To cover full term at IMA Centres)

Childs Name: _____.

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.

Mother/Guardian: _____
Signature

Printed Name and Date

Father/Guardian: _____
Signature

Printed Name and Date

Health Card # _____

Family Doctor: _____

(jul 17)