



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

## Emergency Medical Form

Date: September 2016 through to June 2017  
(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 16)