



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 number: _____

Family Doctor: _____