



elan vital

MONTESSORI SCHOOL Inc.
BATON ROUGE, LOUISIANA

5228 Perkins Road ~ Baton Rouge, LA 70808 ~ 225-767-6620 ~ www.elanvitalmontessori.org

Élan Vital Montessori – Toddler Authorization for Child's Emergency Medical Treatment

Child's Full Name: _____ Date of Birth: _____

If my child becomes ill or involved in an accident and I cannot be contacted, I authorize the following physician or hospital to give the emergency medical treatment required:

Physician's Name: _____

Address: _____

Phone: _____

OR

Hospital: _____

Address: _____

I give *Élan Vital Montessori – Toddler* permission to take my child for this treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Subscriber's Name: _____

Medicaid Number: _____

Child's Known Allergies or Physical Conditions: _____

Parent's Name (print): _____

Date: _____

Parent's Name (print): _____

Home Phone: _____

Parent's Signature: _____

Alt Phone (Mom): _____

Address: _____

Alt Phone (Dad) _____

In the event that a parent cannot be reached:

Emergency Contact: _____

Home Phone: _____

Alt Phone: _____