


White Pine Montessori
Moscow, Idaho
103 N Jackson Street
Moscow, ID 83843
208-882-2671

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby grant permission to White Pine Montessori School of Moscow, LLC staff to administer first aid and CPR and/or seek medical attention for my child, _____ in the event such treatment is deemed necessary, and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, transfusion, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable during his/her stay in the hospital. I will pay for ambulance services if the staff deems it necessary to call them in case of an emergency.

Child's Physician _____ Physician's Phone _____

Date of last Tetanus (or OPT) immunization _____

Does your child have any allergies? Yes _ No _ If so, to what?

Signature of Parent/Legal Guardian _____

Address _____

Home Phone _____ Office Phone _____

Date _____

