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***EMERGENCY MEDICAL FORM***

In case of an emergency, may we contact your physician and, if necessary, take your child to the nearest hospital (note: the director or assistant director of the school will accompany the EMT to the hospital)? \_\_\_\_\_

Child's physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

This authorizes South Loop Montessori School to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency.

Signature of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

List two people your child may be released to in an emergency if we cannot reach you.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_