



Creative Montessori Academy

Athletic Field Trip Emergency Form

For: _____ Grade: _____
 Student's Full Name

I give permission to _____, licensed by the Department of Consumer & Industry Services to secure emergency medical and/or emergency surgical treatment for the above named child while in care.

Signature of Parent or Guardian	Date Signed	Authority: Act 116 of P.A. 1973 Completion: Required Penalty: Rule violation
--	--------------------	--

Name of Parent/Guardian to be notified in an emergency: _____

Phone: _____

Name of person to be notified in an emergency when parent is not available: _____

Phone: _____

Space for Notarization (If required by Local Medical Facility)

Name and Address of Child's Physician or Health Clinic	Phone
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number
Allergies, if any	Date of Last Tetanus Shot
I hereby give/ not give my permission to Creative Montessori Academy for my child to be transported in a vehicle and/or participate in field trips.	Signature of Parent/Guardian Date Signed

The Michigan Department of Consumer & Industry Service will not discriminate against any individual group because of race, national origin, color, marital status, political beliefs or disability. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.