

**Children's Garden Montessori School**  
**2019-2020 Authorization for Emergency Medical Care**  
*This form accompanies the child to the Emergency Room – please be thorough.*

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Allergies \_\_\_\_\_ Diet Restrictions \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
Insured's Name \_\_\_\_\_ Employer \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL AND SURGICAL CARE**

In the event my child is injured in an accident, or becomes seriously ill, and I or my designee cannot be reached, I hereby authorize Children's Garden, or any of its employees or representatives, to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. I accept financial responsibility for all costs associated with the conveyance of my child and for the treatment provided by the medical care facility to my child.

**EMERGENCY CONTACT IF PARENT CANNOT BE REACHED:** *(please list in order)*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone(s) \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone(s) \_\_\_\_\_  
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

**In the event of an emergency, your child will be transported to nearest Pediatric Emergency Room** *(unless otherwise noted).*

Rocky Mountain Hospital for Children at Rose  
4567 E. 9th Ave.  
Denver, CO 80220  
Phone: 303.320.2121

Preferred Emergency Room \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*All information must be completed – leave no blank spaces. Insert N/A if no information is available.  
Enrollment is incomplete until this form is completed and signed by parent/guardian.*