



Emergency Medical Authorization/Liability Release

Student Name: _____ Entering Grade: _____

Contact Phone: _____

Street Address: _____

Date of Birth: _____

ALL 7th graders are required to have a TDAP (Tetanus Diphtheria and Pertussis) booster on an updated **FLORIDA** DH 680 Immunization Form (blue form—available only at your physician's office). If your child has had the TDAP booster in the last 2 years, a card showing that will be sufficient.

The above named child is presently attending MWS. S/he has the following physical or medical limitations, including allergies and prohibited medicine: _____

VERIFICATION OF HOSPITALIZATION INSURANCE FOR CHILD:

Company: _____ Policy/I.D. _____

I hereby authorize and consent for the officials of Montessori World School to employ on my behalf a licensed physician for the emergency treatment of my child, in connection with any injury, accident or illness suffered or sustained while involved with a school activity on or off campus or while in transit. Said authorization and consent for emergency treatment includes hospitalization and surgical as recommended by said physician. I understand that every reasonable effort will be made to notify me of said emergency. I do hereby release Montessori World School from all and any medical or hospital expense resulting from any type of accident or injury occurring to our child while involved in any school activity on or off campus or while in transit.

Parent/Guardian Signature: _____

Date: _____

Daytime Phone (Father): _____ (Mother): _____

Mobile Phone (Father): _____ (Mother): _____

In the event that MWS is unable to reach you during an emergency, please provide the names and phone numbers of two adults whom we may contact on your child's behalf.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please attach a copy of your child's insurance card to this completed form.