

  
**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 \_\_\_\_\_

