



## Medical Release

**To: Eastside Medical Center**

Should my child, \_\_\_\_\_ suffer an injury or illness while in the care of Meadowbrook Montessori School and the school is unable to contact me immediately, Meadowbrook Montessori School shall be authorized to secure medical attention and care for my child as may be necessary. I certify that I will be liable for all transportation, medical, and hospital expenses incurred in this regard.

I (we) agree to keep the school informed in changes in telephone numbers, etc. where I (we) may be reached.

Meadowbrook Montessori School agrees to keep me informed of any incidents requiring medical attention involving my child.

My child's primary source of healthcare is:

Physicians/Clinic Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Known medical conditions (i.e.) diabetes, asthma, drug/food allergies

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Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency # \_\_\_\_\_