

**EMERGENCY MEDICAL TREATMENT CONSENT**  
*(This document must be notarized and signed by both parents; if applicable)*

In the event that an emergency arises and neither my spouse nor I can be contacted, I hereby authorize **Discovery Montessori Academy** to transport my child to the emergency room of the hospital listed below. I hereby give my permission to the hospital and its staff to provide medical treatment to my child.

If there is no hospital preference, my child may be taken to and cared for at the nearest hospital. I agree to accept all financial responsibility for any and all treatment.

Preferred Hospital: \_\_\_\_\_  
\_\_\_\_\_

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Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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The foregoing Consent was acknowledged before me \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

(Notary Seal)