



MLC  
Montessori Learning Center  
www.mlcasheville.org  
1 School Rd • Asheville, North Carolina 28806 • (828)259-9880

## Emergency Treatment Form

Child's Name \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Date of last shot update: \_\_\_\_\_ Allergic to any medications? \_\_\_\_\_  
If yes, please list medications: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Parent/Guardian (Last Name) \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Phone: \_\_\_\_\_ (work) Phone \_\_\_\_\_ (work)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (cell)  
\_\_\_\_\_ (home) \_\_\_\_\_ (home)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person (*other than yourself*): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

*In the event of a medical emergency while the child is attending the Montessori Learning Center, the director has the authority to take whatever steps are necessary to assure prompt medical attention (either the doctor's office or hospital).*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_