



2850 Bloor St West Toronto ON  
416.234.9127

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### EMERGENCY MEDICAL HELP PARENTAL CONSENT

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

A physician or hospital, if required at any time, due to circumstances such as accident, illness, or any emergency situation, may give medical treatment. Such medical treatment may include anesthetic, administering medication, or any other procedure to treat a medical condition.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness

### AUTHORIZATION AND CONSENT

I consent to allow my child \_\_\_\_\_  
to leave the premises of Prince Edward Montessori School to participate in trips within walking distance of the school facility. I understand that my child will be escorted and supervised by the staff of Prince Edward Montessori School.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness