

In the event that a parent or emergency contact cannot be reached or is delayed, I hereby grant permission to the staff at Evergreen Montessori to take whatever emergency measures are judged necessary for care and protection of my child while under the supervision of this center. I understand that in some emergency situations the center will need to contact the emergency medical service before the parent, child's physician and / or other adult acting on the parent's behalf can be notified.

In the event of a medical emergency, I understand that my child will be transported to North Memorial Medical Center (3300 Oakdale Avenue North, Robbinsdale, MN 55422).

In the event of a dental emergency, I understand my child will be transported to Community Dental Care (3359 West Broadway Avenue North, Robbinsdale, MN 55422).

Parent / Guardian Signature

Date