green montessori
Learning with Islamic Values

Emergency Contact

Child's Name:_____

Parent: _____& _____ _____

Marital status: Please tick the appropriate box

( ) Married ( ) Separated ( ) Divorced ( ) Widowed

Father's:

Name :_____

Home Phone: _____

Mobile Phone: _____

Work Phone:_____

Mother's:

Name :_____

Home Phone: _____

Mobile Phone:_____

Work Phone:_____

A. Authorization to Consent Medical Treatment in the event my child becomes ill or injured at school or in a school related event and both parents cannot be reached, Green Montessori is authorized to take **one or more** of the following actions:

a) release my child to people who listed below:

Name : _____

Relationship:_____

Home Phone:_____

Mobile Phone: _____

Work Phone:_____

b. **For High Fever above 38 ° C,** to give:

Paracetamol - **Tempra** SYR 160 mg / 100 ml with dosage as below :	Or	Ibuprofen - **Proris** Suspension with dosage as below :
* children 2-3 years : 5mL		* 1-2 years : 2.5 mL
* children 4-5 years : 7.5 mL		* 3-7 years : 5 mL
* children 6-8 years : 10 mL.		* 8-12 years : 10 mL

Note:
1. The dosage of drugs above is according to the dosage information on the packaging.
2. It is parents' responsibility to provide written information to the school if the child has an allergy to one of the components of the drug listed.
3. The school is not responsible for reactions that might arise from the use of drugs that have been approved by parents.

Notes from parents for b:

_____

_____

c. **For** injury / open wounds (bruises, scratches, etc.), first aid will be provided using an ice pack and appropriate topical treatment such as Zambuk ointment, Hansaplast Spray, or Minyak Tawon after the wound is cleaned with water.

Note:
1. It is parents' responsibility to provide written information to the school if the child has an allergy to one of the components of the drug listed.
2. The school is not responsible for reactions that might arise from the use of drugs that have been approved by parents.

Notes from parents for c:

_____

_____

d) take my child to Brawijaya Hospital - Duren Tiga and give consent for emergency care

Brawijaya Hospital - Duren Tiga, Jl. Duren Tiga Raya No.5,

RT.1/RW.1, Pancoran, Kec. Pancoran, Kota Jakarta Selatan

Students are covered by private insurance program:

Please tick the appropriate box ( ) Yes ( ) No

Insurance company:_____

Insurance number:_____

In the event my child becomes ill or injured at school or in a school related event, I give consent for medical emergency treatment for my child which I will be financially responsible.

I do hereby waive, release, and hold harmless Green Montessori School and individuals employed by or affiliated with Green Montessori School from liability in case of accident during activities related to Green Montessori School.

Date:_____/_____/_

Parent/Guardian of applicant (name)_____(signature) _____

School Principal (name)_____(signature) _____