


CONSENT FOR TREATMENT FORM

In the case of a serious accident or emergency and I cannot be reached by telephone, I authorize medical treatment and the performance of any action that is determined by the School to be necessary for my child.

In an emergency, I acknowledge that my child will be sent to:

- The Family Medical Practice District 2 Clinic located at 95 Thao Dien Street, Dis. 2, HCMC, for emergency attention and treatment, if the emergency occurs when they are at the School
- Any hospital or clinic nearby for emergency attention and treatment, if the emergency occurs when they are in the School bus on the way to School or from the School

- **Child's name:** _____
Given Name(s) _____  *Surname* _____
- **Passport No:** _____
- **Date of last Tetanus:** _____
- **Allergies / Problems:** _____
- **Name of Your Child's Family Doctor:** _____
 - o **Contact Number:** _____
 - o **Address:** _____

In case of minor external injuries my child shall sustain, I authorize any first aid or emergency procedures necessary.

I shall reimburse The Montessori International School of Vietnam for any cost or expenses incurred by the School for any medical treatment or the performance of any procedure or consultation on my child.

I shall not hold The Montessori International School of Vietnam responsible or liable for any medical treatment or the performance of any medical procedure or consultation on my child.

Name: _____ (Parent/Legal Guardian)

Passport No: _____ Date: _____

Parent/Legal Guardian's signature