



**NEW GENERATION MONTESSORI**  
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## EMERGENCY CARE

I Give permission to the staff of New Generation Montessori Children's Academy to call "911" for emergency treatment of my child. I also give permission to the emergency personnel to administer first aid and to transfer my child to a hospital.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_