

Peace Montessori Emergency Medical Information

Please Print Clearly

Child's full name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #1

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Emergency Contact #2

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Emergency Contact #3

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Allergy/Medical Information:

Allergies: ___ Yes ___ No Athsma: ___ Yes ___ No Other: _____

Food/Insect/Medicinal/Seasonal (or other) Allergies (Please list all): _____

Does your child have an *EpiPen* or *EpiPen Jr.*? _____ Have you left one with the school? _____

What are the signs of a severe reaction, where an EpiPen is required: _____

What steps should be taken for a mild reaction: _____

Does your child have an inhaler for Asthma? _____ Have you left one with the school? _____

What is the protocol for inhaler use: _____

Insurance/Physician/Hospital Information:

Physician's Name: _____ Office Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Preferred Hospital (not guaranteed in an emergency) _____

Brief Medical History

Are any of your child's allergies, asthma, or other conditions life threatening? _____

Has your child required hospitalization in the past? (Surgery, illness, procedure, allergic reaction etc...) Please list any/all instances with approximate dates (ages): _____

Please list any daily/long term medications your child is taking: _____

Please provide any additional information you think would be helpful in case of an emergency:

Authorization:

I give consent to the school to release my child to the individuals listed as emergency contacts in case of an emergency.

I give consent to the school to transport my child to the hospital in an emergency where such action is deemed necessary.

Parent Signature: _____ Date: _____

This form MUST be signed and returned to the school in order for your child to attend his/her first day of school.