



HEALTH AND EMERGENCY INFORMATION

CHILD'S NAME		DATE OF LAST PHYSICAL EXAMINATION
ALLERGIES		IS A MODIFIED DIET NECESSARY?
CONDITIONS PRESENT THAT COULD RESULT IN AN EMERGENCY:		
STATUS OF:	VISION:	
	HEARING:	
	SPEECH:	
LIST ANY SPECIAL PROBLEMS THAT YOUR CHILD MAY HAVE SUCH AS: ALLERGIES, EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES INCURRED DURING THE LAST 12 MONTHS, ANY MEDICATION PRESCRIBED FOR LONG-TERM CONTINUOUS USE, OR ANY OTHER INFORMATION THAT STAFF SHOULD BE AWARE OF. OTHERWISE, PLEASE INDICATE N/A.		
KIDS R STARS MONTESSORI SCHOOL IS AUTHORIZED TO RELEASE MY CHILD TO THE FOLLOWING CANDIDATES:		
NAME	RELATION	PHONE NUMBER
NAME	RELATION	PHONE NUMBER
NAME	RELATION	PHONE NUMBER
IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE THE FACILITIES DIRECTOR OR PERSON IN CHARGE TO TAKE MY CHILD TO:		
NAME OF LICENSED PHYSICIAN		PHONE NUMBER
OR TO: NAME OF HOSPITAL/ CLINIC		PHONE NUMBER
I AM ATTACHING A COPY OF IMMUNIZATION RECORDS FOR MY CHILD:		SIGNATURE OF PARENT OR LEGAL GUARDIAN
IMMUNIZATION RECORDS ARE UP TO DATE (IF NOT, DATE OF PLAN FOR UPDATE: _____)		SIGNATURE OF PARENT OR LEGAL GUARDIAN
ANY ADDITIONAL INFORMATION:		
I GIVE MY CONSENT FOR NECESSARY EMERGENCY TREATMENT WHEN MY CHILD IS IN CARE AT THIS PHYSICIAN AND/ OR HOSPITAL/ CLINIC. I GIVE MY CONSENT TO CONTACT ANY LICENSED PHYSICIAN OR ANY MEDICAL TREATMENT CENTER TO TREAT MY CHILD/ CHILDREN IN CASE OF EMERGENCY IN WHICH THE CHILD'S PHYSICIAN IS UNAVAILABLE.		
PARENT OR GUARDIAN SIGNATURE		DATE