

**** Please attach a copy of your child's latest vaccination record or exemption.****

Student: _____ DOB: _____ Sex: _____

Parent 1: _____ Cell: _____ Alternate: _____

Parent 2: _____ Cell: _____ Alternate: _____

Emergency Contact: _____ Cell: _____ Alternate: _____

Physician and address: _____ Phone: _____

If you need additional space, please use the back of this form.

Condition	Yes	Comments	Condition	Yes	Comments
ADHD			Diabetes		
Allergies (food, insects, drugs, latex)			Head injury, concussion		
Allergies (seasonal)			Hearing difficulties or deafness		
Asthma or breathing problems			Heart problems		
Behavioral problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Spinal injury		
Dental problems			Surgery		
Developmental problems			Vision problems		

Authorization for Emergency Medical Care: By signing, I give consent for Village Montessori School to authorize any and all medical and/or dental attention to be administered to my child in the event of an emergency should we be unreachable. This permission includes, but is not limited to, the implementation of first aid, the use of an ambulance, or the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. I further authorize Village Montessori School to use Tylenol if my child has a fever and his/her parents cannot be reached.

Parent Signature

Date

Parent Signature

Date