Issaquah Montessori
HEALTH AND EMERGENCY FORM

Name of child:_____________________________ **M** __**F**__ **Date of Birth** __________

Address:____

Home Phone (   ) _________________________ **Other** _______________________

Date of last physical exam:____

ALLERGIES (Drugs, food or other): ____________________________________

Is your child on medication?__________**What kind?** ________________________

Complications at birth, serious illness, accidents or surgery: (Give dates) ____________

Specific health problems? ____

Child's Physician: _________________________ **Phone #** (   ) ________________

Address: ____

Emergency contact(s) authorized to pick up child in the event that we are unable to reach the parents: *(Written notification by parent or guardian must be given if someone other than persons listed below will be picking up child from school).*

Name _____________ **Address** ___________________ **Phone #** (   ) __________

Name _____________ **Address** ___________________ **Phone #** (   ) __________

In the event of an emergency or local phone disruption, we ask for an emergency phone number outside the King County Metropolitan area:

Name _____________ Address ____________________ Phone # (   ) __________

MEDICAL CONSENT FORM

I hereby give permission that my child_______________________may be given emergency treatment by a qualified staff member of Issaquah Montessori. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health.

Preferred Hospital____

Address__________________________________**Phone # (   )**____________________

Mother's Name_______________________**Daytime Phone & Cell # (   )**_____________

Father's Name_______________________**Daytime Phone & Cell # (   )**_____________

Parent's Signature_______________________________**Date**____________________