

Children's Harbor Montessori School
Emergency/Medical Information and Transportation Form
School Year 2020-2021 **Page 1**

(It is very important to complete all information, and to notify your child's teacher and the office of any changes during the school year).

Child's name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Age _____ Birth date _____ **Blood Type** _____
Child lives with _____ Language spoken in home _____

Parent's name _____ **Parent's name** _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Alternate Phone _____
Work _____ Work _____
cell phone _____ cell Phone _____
e-mail _____ e-mail _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

1. _____ Home _____ Work _____
2. _____ Home _____ Work _____
3. _____ Home _____ Work _____
4. _____ Home _____ Work _____

(Please inform above listed that you have given the school their contact information)

EMERGENCY CONTACTS, IF WE ARE UNABLE TO REACH YOU:

1. _____ Relationship _____
Home Phone _____ Work phone _____
2. _____ Relationship _____
Home Phone _____ Work phone _____
3. _____ Relationship _____
Home Phone _____ Work phone _____

(Please gain consent prior to listing above persons' contact information)

Please complete information on reverse of this form and sign (Page 2).

Children's Harbor Montessori School
Emergency/Medical Information and Transportation Form
School Year 2020-2021 Page 2

IF WE ARE UNABLE TO REACH YOU OR ANYONE ON YOUR CONTACT LIST, HOW WOULD YOU LIKE US TO TREAT YOUR CHILD? _____

PEDIATRICIAN: _____
Address: _____ Phone: _____

INSURANCE CARRIER _____ I.D. # _____

IS CHILD ALLERGIC TO ANY: Medications _____ (Specify) _____

Foods _____ (Specify) _____

Insect bites _____ (Specify) _____

IS CHILD CURRENTLY TAKING ANY MEDICATIONS? (Specify) _____

SPECIAL HEALTH CONDITIONS: (long term or chronic)
1. _____
Medications or treatments _____

SIGNIFICANT FAMILY HISTORY: (Check any that apply to maternal or paternal sides)
_____ Diabetes _____ Convulsive Disorder _____ Heart Disease
_____ Hypertension _____ Tuberculosis _____ Sickle Cell _____ Vision
_____ Hearing _____ Other (Specify) _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT
I do hereby give authority to Children's Harbor Montessori School staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signed: _____ Date _____