

Bristow Montessori School Emergency Card YES

*** This Child has allergies

Child's Name _____ Birthdate _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Legal Parent/Guardian _____ Child Resides with (y/n) _____ Phone(h) _____

(w) _____ cell _____ email _____

Legal Parent/Guardian _____ Child Resides with (y/n) _____ Phone(h) _____

(w) _____ cell _____ email _____

Persons authorized to pick up my child: _____

Persons NOT authorized to pick up my child: _____

In the event you cannot be reached during an emergency, please provide information for (2) contacts (Contacts must be local):

Name _____ Phone(h) _____ (w) _____ cell _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone(h) _____ (w) _____ cell _____

Address _____ City _____ State _____ Zip Code _____

DOCTOR'S INFORMATION: Name _____ Phone _____

HOSPITAL: *Please specify the hospital of your choice. If you prefer the closest hospital to the school, check here:* _____

Hospital Name _____ Phone _____

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Hospital Name _____ Phone _____

MEDICAL:	YES	NO	<i>If Yes, Please Elaborate:</i>
Does your child have:			
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic medical problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regular Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Activity Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> YES My Child has an EPI-PEN			_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither family physician nor I can be contacted immediately. ** IF there is an objection to seeing emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.

Parent Guardian Signature _____ Date _____

1. The child care center agrees to notify parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian(s) authorize the child day care center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately**
3. The parent/guardian(s) agrees to inform the center within 24 hours of the next business day after the child or any of the immediate household has developed a reportable communicable disease, as defined by the state Board of Health, except for life threatening diseases which must be reported immediately.

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