

# 2022-2023 CALIFORNIA MONTESSORI PROJECT CHARTER SCHOOL MEDICAL AND EMERGENCY INFORMATION AND CONSENT

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary <input type="checkbox"/>	<b>For Office Use Only:</b> Grade:  Class:
<b>Name of parent/guardian student resides with during school week:</b>			
<b>Address:</b>			
<b>Primary Phone #:</b>	<small>Circle Phone Type: Home/ Work/ Cell</small>	<b>Other Phone #:</b>	<small>Circle Phone Type: Home/ Work/ Cell</small>

1 <sup>st</sup> Contact Parent (and allowed to transport student)	2 <sup>nd</sup> Contact Parent (and allowed to transport student)
<b>Name:</b>	<b>Name:</b>
<b>Physical Address:</b>	<b>Physical Address:</b>
<b>City/Zip:</b>	<b>City/Zip:</b>
<b>Primary Phone #:</b>	<b>Primary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Other Phone #:</b>	<b>Other Phone #:</b>
<b>Email:</b>	<b>Email:</b>
<b>Business Name:</b>	<b>Business Name:</b>
<b>Business Address:</b>	<b>Business Address:</b>
<b>Business Phone #:</b>	<b>Business Phone #:</b>
<b>Additional Person who may be called and who may transport student</b>	<b>Additional Person who may be called and who may transport student</b>
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/Zip:</b>	<b>City/Zip:</b>
<b>Primary Phone #:</b>	<b>Primary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Secondary Phone #:</b>	<b>Secondary Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>
<b>Other Phone#:</b>	<b>Other Phone #:</b>
<small>Circle Phone Type: Home/ Work/ Cell</small>	<small>Circle Phone Type: Home/ Work/ Cell</small>

**Any Legal Special Custody Arrangements: Please note below and provide a copy of legal court order.**

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE**

## HEALTH INFORMATION

Please list any known health problems:
Specify symptoms which occur:
List any medications being taken by your child:
Does your child take medications prior to arriving at school?    Yes    No    Name of Medication: _____
List known allergies: _____      Requires Medication:    Yes    No
Does your child wear:    Glasses?    Yes    No    Contacts?    Yes    No    Hearing Aid?    Yes    No
Please circle if your child has any of the following:    Asthma    Diabetes    Dizziness    Fainting    Heart Disease Heart Murmur    Muscle, Bone, or Joint Injuries    Epilepsy/Seizures
Does your child use an inhaler?    Yes    No
Does your child require Assistive Devices (wheel chair, etc.)?    Yes    No    What type? _____

**IN CASE OF ACCIDENT OR OTHER EMERGENCY, I HEREBY AUTHORIZE A REPRESENTATIVE OF THE SCHOOL AND/OR CLUB MONTESSORI TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.) OR DENTIST (D.D.S) OR HOSPITAL CARE, INCLUDING NECESSARY TRANSPORTATION OF MY CHILD. UNDER SUCH CIRCUMSTANCES, I FURTHER AUTHORIZE SUCH CARE AND TREATMENT TO BE PERFORMED BY ANY LICENSED PHYSICIAN OR SURGEON. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF THE CHILD NAMED ABOVE. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing. This authorization will remain in effect until revoked by the undersigned.**

Medical Insurance Carrier & Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ If unavailable, alternative? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ If unavailable, alternative? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of choice when possible: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_