

ISLAND CHILDREN'S MONTESSORI SCHOOL HEALTH HISTORY FORMS

Date: _____
Child's Name _____ Age: _____
Date of Birth _____
Date of last physical exam: _____

Allergies: _____ S

ymptoms: _____

Treatment: _____

Health and Development Concerns and Issues:

Life Threatening Medical Conditions:

Symptoms and what to watch for:

List of current Medications:

Name, address and phone number of health care provider:

Name, address and phone number of Dentist:

PARENT'S SIGNATURE: _____

PARENT'S PRINTED NAME: _____

DATE: _____

ISLAND CHILDREN'S MONTESSORI SCHOOL

SPECIFIC INSTRUCTIONS FROM PARENTS OR
HEALTH CARE PROVIDER RELATED TO
MEDICATIONS, FOOD ALLERGIES, TREATMENT
AND SPECIAL HEALTH CARE NEEDS

NAME OF CHILD _____

HEALTH CARE PROVIDER _____

DATE _____

INSTRUCTIONS _____

SIGNATURE OF PARENT _____

PRINTED NAME OF PARENT _____

SIGNATURE OF HEALTH CARE PROVIDER _____

PRINTED NAME OF HEALTH CARE PROVIDER _____

THIS FORM NEEDS TO BE UPDATED ANNUALLY
OR AS TREATMENT CHANGES

ISLAND CHILDREN'S MONTESSORI SCHOOL PHONE CONTACTS

CHILD'S NAME: _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____

HOME PHONE NUMBER: _____

PLACE OF WORK: _____

WORK PHONE NUMBER: _____

MOTHER'S CELL PHONE NUMBER: _____

FATHER'S NAME: _____

FATHER'S ADDRESS: _____

HOME PHONE NUMBER: _____

PLACE OF WORK: _____

WORK PHONE NUMBER: _____

FATHER'S CELL PHONE NUMBER: _____

ALTERNATIVE EMERGENCY CONTACTS:

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

PLACE OF WORK: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

PLEASE LIST ANY OTHER EMERGENCY CONTACT NAMES, ADDRESSES, PHONE NUMBERS YOU WISH ON THE BACK OF THIS FORM. ALSO PLEASE REMEMBER TO INCLUDE AREA CODES FOR ALL NUMBERS. ALSO PLEASE NOTIFY THESE PEOPLE ON YOUR LIST.

THANK YOU.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

ISLAND CHILDREN'S MONTESSORI SCHOOL

PERSONS AUTHORIZED TO REMOVE CHILD FROM SCHOOL

NAME: _____
ADDRESS: _____
PHONE
NUMBER: _____
RELATIONSHIP: _____

NAME: _____
ADDRESS: _____
PHONE
NUMBER: _____
RELATIONSHIP: _____

PERSONS NOT AUTHORIZED TO REMOVE CHILD FROM SCHOOL

NAME: _____
ADDRESS: _____
PHONE
NUMBER: _____
RELATIONSHIP: _____

PLEASE FEEL FREE TO ADD ADDITIONAL NAMES TO EITHER LISTS AND ATTACH TO THIS FORM. IDENTIFICATION WILL BE REQUIRED TO RELEASE CHILD.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

EMERGENCY CHILD _____

TELEPHONE NUMBERS

OUT OF TOWN CONTACT

NAME _____

CITY _____

TELEPHONE (____) _____ EVENING () _____

LOCAL CONTACT

NAME _____

CITY _____

TELEPHONE () _____

EVENING (____) _____

NEAREST RELATIVE

NAME _____

CITY _____

TELEPHONE () _____

EVENING () _____

FAMILY WORK NUMBERS

FATHER _____ CELL _____

MOTHER _____ CELL _____

OTHERS _____

FAMILY PHYSICIANS

NAME _____

TELEPHONE _____

NAME _____

TELEPHONE _____

NAME _____

TELEPHONE _____

REUNION LOCATIONS

1. RIGHT OUTSIDE YOUR HOME

2. AWAY FROM THE NEIGHBORHOOD, IN CASE YOU CANNOT RETURN HOME

ADDRESS _____

TELEPHONE _____

HAVE YOU TALKED AND PRACTICE THIS WITH YOUR

CHILD _____

SIGNATURE _____

PRINTED NAME _____

DATE _____

CARPOOL PERMISSION SLIP

CHILD NAME: _____

DRIVERS' NAMES _____

PLANNED SCHEDULE _____

PLEASE REMEMBER WASHINGTON STATE CHILD SAFETY SEAT LAWS
WHEN MAKING CARPOOL ARRANGEMENTS.

PLEASE NOTIFY US OF ANY CHANGE IN YOUR CARPOOL SCHEDULE.
WE WANT TO BE SURE YOUR CHILD IS SAFE AND GOING IN THE RIGHT
CARPOOL ON ANY GIVEN DAY.
THANK YOU!

PARENT'S SIGNATURE _____

PARENT'S PRINTED NAME: _____

DATE: _____