

**MEDICAL INFORMATION and PERMISSION FOR EMERGENCY TREATMENT (SUMMER 2020)**

(Please provide documentation from your child's doctor for any and all conditions described below.)

Allergies to Food (check one):

My child has **no** food allergies.

My child has the following food allergies: \_\_\_\_\_

Symptoms of Allergic Reaction: \_\_\_\_\_

Actions to Be Taken: \_\_\_\_\_

**Please note that any child with a food allergy will NOT be given any food by the school (birthday treats, event food, pizza, etc.) unless it has been brought to school from home for that specific child. Also, parents must educate their child so that he/she understands that he/she CANNOT share food brought to school by another child, whether from a lunch box or for a special event.**

Allergies to Medicine/Environment (check all that apply):

My child has **no** medicine allergies.     My child has **no** environmental allergies.

My child has the following medicine and/or environmental allergies: \_\_\_\_\_

Symptoms of Allergic Reaction: \_\_\_\_\_

Actions to Be Taken: \_\_\_\_\_

Medications Taken on a Regular Basis:

My child **does not** take any medication—prescription, non-prescription, herbal supplements, or otherwise—on a regular basis.

My child takes the following on a regular basis: \_\_\_\_\_

Medical and/or Handicap Conditions:

My child has **no** medical or handicap conditions.

My child has the following medical and/or handicap conditions: \_\_\_\_\_

**Please note that if any of the information above should change at any time, it is the parents'/guardians' responsibility to complete and submit an updated Medical Information and Permission for Emergency Treatment form AS SOON AS POSSIBLE.**

-Form continued on back-

PERMISSION FOR EMERGENCY TREATMENT

If my child, \_\_\_\_\_, should become ill or injured at  
(Child's Full Name)

MAITLAND MONTESSORI SCHOOL, INC., I understand that MAITLAND MONTESSORI SCHOOL, INC. will: 1) contact me immediately, 2) contact the person(s) I have designated if I cannot be reached.

Should MAITLAND MONTESSORI SCHOOL, INC. be unable to reach me and/or the designated person(s), they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

Please provide your child's Social Security number. This is required by 911 if called:

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I, the parent or guardian, further understand and authorize MAITLAND MONTESSORI SCHOOL, INC., in the event it becomes necessary for MAITLAND MONTESSORI SCHOOL, INC. to arrange for the emergency medical transportation of my child in order for my child to receive any required medical care and to obtain and arrange for such emergency medical transportation. I further acknowledge and agree that the cost or expense of such emergency medical transportation shall be my sole responsibility and that I will indemnify and save harmless MAITLAND MONTESSORI SCHOOL, INC. from any and all such emergency medical transportation costs or expenses.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to insure the treatment and safety of my child.

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Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contacts

In the case of a true medical emergency, 911 will be called first. Parents/guardians will be contacted next. In the case that parents/guardians cannot be reached, we will contact the individuals listed below in the order in which they are listed (NOTE: These should be the same individuals you have indicated on your child's Application for Admission as emergency contacts):

1) \_\_\_\_\_  
Name Relationship Phone

2) \_\_\_\_\_  
Name Relationship Phone

3) \_\_\_\_\_  
Name Relationship Phone

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Insurance Name and Policy # \_\_\_\_\_