

**Montessori Children's School**  
950 Preakness Avenue, Wayne NJ

**MEDICAL INFORMATION**

<b>Child Information</b>		
Child's Name:		DOB ___/___/___
Complete Address:		
<b>Parent/Guardian Information (1)</b>		
Parent/guardian Name:		
Relationship to Child:		
Complete Address:		
Home #	Cell#	Work#
Email (personal)		Email (work)
Employer:		Address:
<b>Parent/Guardian Information (2)</b>		
Parent/guardian Name:		
Relationship to Child:		
Complete Address:		
Home #	Cell#	Work#
Email (personal)		Email (work)
Employer:		Address:
<b>Emergency Contact (1)</b>		
Parent/guardian Name:		
Relationship to Child:		
Complete Address:		
Home #	Cell#	Work#
Email (personal)		Email (work)
Employer:		Address:
<b>Emergency Contact (2)</b>		
Parent/guardian Name:		
Relationship to Child:		
Complete Address:		
Home #	Cell#	Work#
Email (personal)		Email (work)
Employer:		Address:

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<b>Medical Release Information</b>		
<b>The purpose of the below listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.</b>		
Policy Number:	Health Insurance:	
Primary Physician:		
Phone#:		
Hospital Preference:		
Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).		
Medical Condition	Required Treatment	Should paramedic be called?
		Yes/No
		Yes/No
		Yes/No
		Yes/No
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__ If yes, explain		
Is your child allergic to any type of food or medication? Yes__ No__ If yes, explain		
Does your child require a special diet? Yes__ No__ If yes, explain		
In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).		<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We agree to all of the terms and conditions of my child's admission as stated above. We also agree that to our knowledge, all of the above stated information is accurate.		
<b>Parent/Guardian Signature (1)</b>		
Name (printed)		
Signature:	Date:	
<b>Parent/Guardian Signature (2)</b>		
Name (printed)		
Signature:	Date:	