



Last Name \_\_\_\_\_ First Name \_\_\_\_\_
Date of Birth: \_\_\_\_\_

Allergies/Medical Conditions

Please list all known allergies and/or medical conditions below and provide medical documentation that can be reviewed by Willow Oak Montessori administration and the School Nurse.

Allergies: \_\_\_\_\_
Medical Conditions: \_\_\_\_\_

If medication must be administered at school, please also complete a Request for Medication Administration Form.

Emergency Contact Information

Parent/Guardian/Other person to contact first in the event of an emergency: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Other Daytime Phone: \_\_\_\_\_

Parent/Guardian/Other person to contact second in the event of an emergency: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Other Daytime Phone: \_\_\_\_\_

Backup emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_
Backup emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_
Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Treatment Authorization

In the event of illness or injury, I hereby authorize Willow Oak Montessori staff to administer first aid to my child and to obtain emergency medical treatment for my child, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of Willow Oak Montessori to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that Willow Oak Montessori staff will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child should it become necessary.

Authorized Release of Child

Willow Oak Montessori staff will not release your child to anyone other than his/her guardian(s) and any individual specified below or in writing by you at a future date. Proper identification will be required when the child is picked up.

Authorized Person 1 \_\_\_\_\_ Authorized Person 2 \_\_\_\_\_

Authorized Person 3 \_\_\_\_\_ Authorized Person 4 \_\_\_\_\_

Authorized Person 5 \_\_\_\_\_ Authorized Person 6 \_\_\_\_\_

Please notify the school promptly regarding any changes to the information requested on this form.

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