



Spruce Pine Montessori School

67 Walnut Avenue
Spruce Pine, NC 28777
828-765-7779
sprucepinemontessori.org

2010-2011 Student & Medical Emergency Information

(Each line to be completed in full by parent or guardian)

Child's Name : _____ Birthdate: _____ Today's date: _____

What can you share about your child that would help us get to know him/her? _____

We would love to keep your child's family and friends informed about Spruce Pine Montessori School. If you know anyone that would like to receive our monthly newsletter (grandparents, aunts and uncles, or close family friends), please list them below:

Name : _____ Relationship: _____

Address: _____

City: _____ States: _____ Zip: _____

Name: _____ Relationship: _____

Address: _____

City: _____ States: _____ Zip: _____

Name: _____ Relationship: _____

Address: _____

City: _____ States: _____ Zip: _____

(over)

We believe that education is preparation for life. By fostering cooperation and respect for oneself and for others, we empower our children to be confident and self-motivated individuals with a life-long enthusiasm for learning.

Medical and Emergency Information (Each line to be completed in full by the parent or guardian)

Child's Name: _____ Birthdate: _____

Name of child's doctor: _____ Office phone: _____

Address: _____

Name of child's dentist: _____ Office phone: _____

Address: _____

Hospital preference: _____ Phone: _____

Father/Guardian: _____ Phone (H) _____ (W) _____ (C) _____

Mother/Guardian: _____ Phone (H) _____ (W) _____ (C) _____

If father, mother or guardian cannot be contacted in the case of an emergency please call (list relationship):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If you cannot pick up your child, please give the names of those to whom your child can be released:

Is your child currently under a doctor's care? No ___ Yes ___ If yes, for what reason: _____

Does your child take medication on a regular basis? No ___ Yes ___ If yes, list medication, dose, and possible side effects: _____

Does your child require a special diet: No ___ Yes ___ If yes, specify modifications: _____

List any allergies that your child has (e.g., food, insect stings, medicine, etc.): _____

What type of allergic reaction occurs? _____

Does your child have any history of significant diseases or recurring illness? No ___ Yes ___

Diabetes No ___ Yes ___ Convulsions No ___ Yes ___ Heart trouble No ___ Yes ___ Asthma No ___ Yes ___

Please provide additional information about illnesses or any other important health conditions. _____

In your opinion, will any of the above illnesses or conditions affect your child's performance in school? If so, specify:

What specialized care is the child receiving related to these problems? _____

Tell us about any previous hospitalizations or operations: _____

I agree that the Head of School may authorize the physician of his/her choice to provide emergency care in the event that neither our family physician nor I can be contacted immediately. In an emergency situation the staff at the Spruce Pine Montessori School will either call an ambulance or provide transportation to an appropriate medical resource. The staff does not administer any drugs or medication without specific written and signed instructions from a physician or the child's parents or guardian. If a child's lunch does not meet state requirements for nutritional value, the staff will supplement their lunch with milk, fruits, vegetables, or proteins as needed. Parents will be charged for this as per family handbook. Provisions are made for adequate rest and play every day.

Signature : _____ **Date :** _____