Spruce Pine Montessori School
67 Walnut Avenue
Spruce Pine, NC 28777
828-520-1145
www.sprucepinemontessori.org

SPMS Medical and Emergency Information:
The law requires that EVERY line have an entry.

Child's Name:_____ Birth date:_____

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 a parent or guardian cannot be reached in the case of an emergency, SPMS has permission to contact the following individuals. These individuals are also authorized to pick up my child.

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:

_____

For any child with health care needs (allergies, asthma,or chronic conditions that require specialized health services), a medical action plan will need to be on file. It must be completed by a guardian or health care provider. Does the child require a medical action plan? No_____Yes____

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:_____

Has your child been diagnosed with any allergies (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 or the designated staff member caring for my child 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**:_____