



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: _____

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

Parent/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, aside from those listed above, please list 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, prescription or over the counter, without specific written and signed instructions from a physician and the child's parent/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:** _____