

# Montessori Classics

## Preschool & Kindergarten

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### Health information

Alberta health care number: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Health clinic address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Is immunization up-to-date: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

If your child requires an Epi pen, please provide a letter from your doctor stating this information.

Please, sign the following consent:

I \_\_\_\_\_, give consent to the staff of Montessori Classics Preschool to provide first aid to my child in case of emergency and to administer an Epi pen due to a severe allergy.

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Major injuries in last year: \_\_\_\_\_

Hospitalisation in last year: \_\_\_\_\_

Is your child on any medication on a regular basis? \_\_\_\_\_

Please provide details: \_\_\_\_\_

Does your child have any social/behaviour concerns or special needs? ( ) Yes ( ) No

Please, specify: \_\_\_\_\_

I hereby acknowledge to have truthfully released all information in regards to my child's health and I will not hold the Montessori Classics Preschool or the teacher in charge of my child responsible in the event serious injury or death occurs due to medical or emergency actions taken on the information I provided.

Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_