

Swannanoa Valley Montessori School Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

Special Dietary Requests

Circle the following illnesses/recurring problems that your child has had:

Mumps	Rheumatic Fever	Bronchitis	Ear Infections
Chicken Pox	German Measles	Croup	Eczema
Measles		Asthma	

In case of accident or illness requiring medical attention, the child care provider is authorized to call a health care provider or to transport my child to the nearest hospital or doctor; at it is understood that if possible, his/her services will be obtained. If neither parent/guardian nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only situations which, in the best judgment of the child care provider, are true emergencies.

Parent's/Guardian's Signature	Date
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