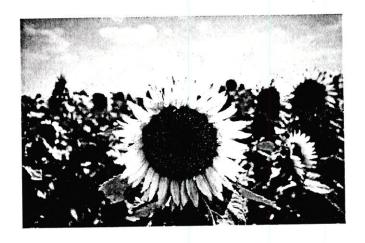
Fields of Green Montessori School
58 Sandhill Road
Vernon NJ 07462
973-823-0804
dsmorto@frontiernet.net



## MEDICAL DECLARATION STATEMENT

| Child's Name  |                                   | Date of | Birth              |
|---|-----------------------------------|---------|--------------------|
| Is your child under any med<br>(circle all that apply<br>asthma<br>diabetes | ical/physical restrictions?       | 0.1     | _No<br>convulsions |
| Is your child taking any med<br>If yes please list:                         | lications?                        |         | Yes No             |
| Has your child been under a   | doctor's care or hospitalized wi  |         |                    |
| Are there any medical problem If yes please list:                           | ems, restrictions or behaviors th |         |                    |
| Is your child allergic to any If yes please list:                           | medications, food or insects?     |         | Yes No             |
| Insurance: Company Group Nu Identifica                                      | imber                             |         |                    |

I (we) state that we are the parent(s)/ guardian having legal custody of the above child and attest that the information above is correct. I (we) authorize Fields of Green Montessori School's representative to obtain emergency treatment for my child. I consent to an X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I understand that it is my responsibility to update this medical information, as needed.

The following steps will be followed in an emergency:

The parent/guardian will be contacted immediately.

The child's physician will be contacted. 2.

There will be an attempt to contact you through all of the persons listed on the emergency card. 3.

If we cannot contact you or your child's physician we will do any or all of the following 4.

Call for emergency paramedic assistance/transportation

Call another physician

Have the child transported to an emergency hospital in the company of a staff member

Fields of Green Montessori School will not be responsible for complications that may occur as a result of 5. false or inaccurate information given at the time of enrollment.

| Parent/ Guardian Signature | Date |
|----------------------------|------|
| Witness                    | Date |