

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 medical/physical restrictions? Yes____ No____

(circle all that apply)

asthma

hearing loss

convulsions

diabetes

insect sting reactions

Food Allergies (list) _____ Other: _____

Is your child taking any medications?

Yes____ No____

If yes please list:

Has your child been under a doctor's care or hospitalized within the last three years?

Yes____ No____

If yes please list:

Are there any medical problems, restrictions or behaviors that we should be aware of?

Yes____ No____

If yes please list:

Is your child allergic to any medications, food or insects?

Yes____ No____

If yes please list:

Insurance:

Company/HMO _____

Group Number _____

Identification # _____

(Continued on back)

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:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. There will be an attempt to contact you through all of the persons listed on the emergency card.
4. If we cannot contact you or your child's physician we will do any or all of the following
 - a. Call for emergency paramedic assistance/transportation
 - b. Call another physician
 - c. Have the child transported to an emergency hospital in the company of a staff member
5. Fields of Green Montessori School will not be responsible for complications that may occur as a result of false or inaccurate information given at the time of enrollment.

Parent/ Guardian Signature

Date

Witness

Date