

Child's Personal Data Sheet

1. Name _____ D.O.B. _____

2. Medical Information -- Child's physician or emergency treatment facility.

Address _____

Phone # _____

I, _____ (Mother, Father, Guardian), do hereby give my consent to the Director of The Montessori School, or the duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician in case of an emergency when parents cannot be reached. Consent is also given for the Director, or duly appointed representative, to transport said child for emergency medical treatment, if parents cannot be reached.

I, _____ (Mother, Father, Guardian), hereby give ___ / do not give ___ the Director of The Montessori School, or appointed representative, permission to give _____ Acetaminophen or Ibuprofen. I understand I will be notified that the medication has been administered.

Signed _____ Date _____ Witness _____

3. Immunizations - Please provide a copy of your child's immunization record.

4. Disease History - List the dates of each.

Measles _____ Mumps _____ German measles _____

Chicken Pox _____ Whooping Cough _____

Contracted tuberculosis Yes ___ No ___

Frequent ear infections Yes ___ No ___

Frequent throat infections Yes ___ No ___

Defective Heart Yes ___ No ___

Comments _____

(Over)

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5. Child's developmental needs.

Physical or emotional problems the child might have _____

Child's special food needs.

Formula _____ Diabetic Diet _____ Allergies _____

Special problems.

Medications _____

Allergies _____

Temper Tantrums _____ Diabetes _____ Frequent Colds _____

Biting _____ Sun sensitivity _____ Seizure _____

Other _____

Requires help in.- Toileting ___ Eating ___ Washing hands ___ Dressing ___

Is your child toilet trained? Yes ___ No ___

Words used in toilet training _____

Is your child on a toileting schedule? Yes ___ No ___

If yes please explain _____

Favorite games _____

Toys _____

Foods _____

Is your child on a nap schedule? Yes ___ No ___

If yes please explain _____

6. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature of Parent/Guardian

Date