**MONTESSORI SCHOOL OF EAST ORLANDO MEDICAL EMERGENCY FORM 2022-2023**

**(This form must be completed in full each school year.)**

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| Student’s Full Legal Name | Click here to enter text. | Nickname: | Click here to enter text. | Grade: | Select | Date of Birth: | Click here to enter a date. | Gender | Select |
| Parent / Guardian #1: | Click here to enter text. | Home #: | Click here to enter text. | Work #: | Click here to enter #. | Cell #: | Click here to enter #. |
| Address: | Click here to enter text. | E-mail: | Click here to enter text. |
| Parent / Guardian #2: | Click here to enter text. | Home #: | Click here to enter #. | Work #: | Click here to enter #. | Cell #: | Click here to enter #. |
| Address: | Click here to enter text. | E-mail: | Click here to enter text. |
| \* If parent or guardian cannot be reached in an emergency, MSEO has permission to release child to: |
| Name: | Click here to enter text. | Relationship | Click here to enter text. | Home or Cell #: | Click here to enter #. | Work #: | Click here to enter #. |
| It is important that a contact person is able to speak English. Please provide instructions if a contact person is unable to respond to the school in English. |
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| Student’s Primary Physician:: | Click here to enter text. | Phone: | Click here to enter #. | Other Health Care Provider: | Click here to enter text. | Phone: | Click here to enter #. |
| Insurance Company: | Click here to enter text. | Policy Number: | Click here to enter text. | Group Number: | Click here to enter text. |
|  |
| ***MEDICATION ALLERGY:*** | Click here to enter text. | ***FOOD ALLERGY:*** | Click here to enter text. |
| ***BEE / INSECT ALLERGY:*** | Click here to enter text. | ***ENVIRONMENTAL ALLERGY:*** | Click here to enter text. |
| ***MEDICATION TAKEN AT HOME OR AT SCHOOL:*** | Click here to enter text. |
|  |
| ***Does your child have asthma?*** Choose an item. | ***Does your child require an Epi-pen at school?*** Choose an item. |
| ***If yes, does your child carry an inhaler at school?*** Choose an item. |  |
| ***Which medicine?*** | Click here to enter text. | If yes, please complete an Authorization for Emergency Medication for Severe Allergic Reaction Form AND supply 2 sets of emergency medications to the school office. |
| If your child carries an inhaler or ever requires nebulizer treatments at school, please fill out an Authorization for Asthma Medication at School Form. |
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| The medication below may be administered to my child: [ ]  Acetaminophen (Tylenol) [ ]  Ibuprofen (Advil) [ ]  Benadryl [ ]  Throat lozenges or cough drops [ ]  Antacid (Tums or Zantac) [ ]  **DO NOT ADMINISTER ANY MEDICATION** | I release the school and its personnel of any liability related to the administration of the over-the-counter medications listed. In case of emergency, and in the event that the above contacts are not available, I delegate authority and give my consent to the Director, or to the Director’s specified agent, to arrange any necessary emergency medical care. The cost will be the responsibility of the parent / legal guardian. This release is effective through May 31, 2023 |
| Parent / Legal Guardian Signature: | Click here to enter text. | Date: | Click here to enter a date. |