



Consent, Emergency Care & Diet Selection/Allergy Information

1403 REGENCY DRIVE EAST, SAVOY, IL 61874 | 356-1818

CHILD'S NAME (Please print all information) _____ GENDER _____

PARENTS' NAMES (Parent 1) _____ (Parent 2) _____ Email _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH ___/___/___ CELL PHONE _____ WORK PHONE _____

Emergency Contact Information

Name _____

Relationship _____

Cell Phone _____

Contact in Emergency Y N

Pick up student at school Y N

Name _____

Relationship _____

Cell Phone _____

Contact in Emergency Y N

Pick up student at school Y N

Name _____

Relationship _____

Cell Phone _____

Contact in Emergency Y N

Pick up student at school Y N

Allergies

(Please check only the boxes which apply to your child.)

- 1) **My child has NO known allergies** (if you check this box, please skip to "Diet")
- 2) **My child has allergies.** (Please indicate all allergies below.)
 - To these foods: _____
 - To these medications: _____
 - To these environmental factors: _____
- My child has an Epi-Pen for an allergy to:** _____

Diet

(Check one box to select the one diet which BEST meets your child's cultural, religious and dietary needs. Please note that we do NOT serve pork.)

- REGULAR diet**
- WHITE MEAT diet (NO beef)**
- VEGETARIAN** with eggs, cheese, grains, vegetables, and legumes

Consent

(Please circle "Yes" or "No" to each of the following)

In case of sickness or accident, I hereby give consent to the Montessori School of Champaign-Urbana to provide emergency care through a clinic, a hospital, or a private doctor for my child.	Yes	No
In case of minor accidents, I hereby give consent to the staff of the Montessori School of Champaign-Urbana to provide care using basic First Aid techniques.	Yes	No
I hereby give consent for my child to attend all field trips. Pre-primary children will be transported by bus.	Yes	No
I hereby give consent to the Montessori School of Champaign-Urbana to take my child on walking trips in the neighborhood. This includes trips to Burwash Park and/or Skateland for recreational purposes.	Yes	No
I hereby give consent to the Montessori School of Champaign-Urbana to publish my child's name and our names, address, email address, and phone number on a student class list to be distributed to other families in the school.	Yes	No
I give my permission for my child to be photographed/filmed for use in MSCU publications, including but not limited to, publications via website or other technological publications, videos, newspapers or television.	Yes	No

I hereby certify that all the information furnished above is true and correct.

Parent's Signature

Date