

The Montessori School of Champaign-Urbana

CONSENTS, EMERGENCY CARE & DIET SELECTION/ALLERGY INFORMATION FORM
2016-2017

Child's Name _____ Gender: _____ Race _____

Birthdate _____ Address _____

City _____ State _____ Zip Code _____

Yes No 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 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 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.

Emergency Contact and Pick Up List (other than parents)

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Cell Phone _____ Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____ Home Phone _____

Contact in emergency? Y N Contact in emergency? Y N Contact in emergency? Y N

Pick up student at school? Y N Pick up student at school? Y N Pick up student at school? Y N

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

Parent's Signature _____ Date _____

(PLEASE SEE OTHER SIDE)

DIET SELECTION and ALLERGY INFORMATION FORM 2016-2017

Part I 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 Part II)
- 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: _____

Part II 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