



# **Medical Information and Authorization**

To be completed by parent or guardian

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT**

Child Information	
Name:	
Blood Type:	Date of Last Physical:
Insurance Provider:	Group/Policy #:
Policy Holder's Name:	SSN#:
Will long term administration of medicines be given this school year? (If yes, please list and see the Director to receive and review our Medical Policy)	

Medical Provider Information		
Physician:		
Address:	Phone:	
City:	State:	ZIP Code:
Dentist:		
Address:		Phone:
City:	State:	ZIP Code:

Allergy Information (Food or Medical)	
Allergy:	Severity: Mild Moderate Severe
Treatment:	
Allergy:	Severity: Mild Moderate Severe
Treatment:	
Allergy:	Severity: Mild Moderate Severe
Treatment:	

**Additional Information**

Are there any additional medical concerns that Freedom Montessori should be aware of?


**Medication Policy**

Freedom Montessori has a "no medication school policy". Due to the rising statistics of overdosing in children's medications, we reserve the right not to administer any medications. If your child needs a prescribed medication during the hours in which they are present here at school, the parent or legal guardian must come to school and administer the medication. Please see the Director with any questions regarding this policy.

**Medical Release**

I will not hold Freedom Montessori or Freedom Temple Ministries, and its contract employees responsible for injuries and/or illness that my child may contract. I hereby give permission to Freedom Montessori, licensed by the Department of Social Services, to secure emergency medical, dental, and/or surgical treatment and to provide emergency transportation for the above named minor while in their care.

Signature of Parent/Guardian:

Relationship to the child:

Date: