

# Riverforest Montessori School

## HEALTH & FIELD TRIP PERMISSION RECORD

(One form filled out **per child** in family please)

**(It is important that this form is filled out with care. Please be sure to complete the back as well. If we must take your child to the hospital and are unable to reach you, it is the only medical information that we have on file.)**

### HEALTH:

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_

Health Card No. \_\_\_\_\_

Health Problems (be very specific-- i.e. allergies)

\_\_\_\_\_  
\_\_\_\_\_

Special Care Required \_\_\_\_\_

I authorize personnel from the Riverforest Montessori School to act on my behalf to allow medical treatment for my child \_\_\_\_\_ with the exception of \_\_\_\_\_

(treatment or therapies I do not authorize)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Mother or Guardian) (Father or Guardian)

Signatures: \_\_\_\_\_

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### FIELD TRIP, ACTIVITY DAY RELEASE FORM

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Child)

to participate in activities or field trips that may take them away from the school or from school property with full knowledge that they will be accompanied and carefully supervised by a Teacher, Parent or Administrator under the direction of the Riverforest Montessori School. I will not hold the Riverforest Montessori School responsible for any accident or injury sustained by my child on such an outing

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(TURN FORM OVER PLEASE)**

**ADDITIONAL BACKGROUND MEDICAL INFORMATION:**

Trauma in utero: \_\_\_\_\_

Trauma at birth: \_\_\_\_\_

Premature birth: \_\_\_\_\_

**Medical Ailments Before Coming to Riverforest Montessori:**

(i.e. re-occurring ear infections, tubes etc. and age at which this occurred)

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**Family History that in your opinion has affected or been remembered by the child**

(i.e. death, car accident, divorce etc.)

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**Does your child have any noticeable sleep patterns, toilet patterns, or diet patterns that may affect the routine of their school day?**

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**Names and ages of any siblings:** \_\_\_\_\_

**Did you move in the first five years of your child's life? If so, how far and how many times?**

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**Has your child attended other daycares or schools? If so, where did your child attend, for how long and if possible, why did he or she leave?**

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**Any additional information that you wish to share with the teachers of your child such as why you chose Riverforest Montessori; expectations for your child etc.**

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