



CONSENT FOR EMERGENCY TREATMENT/HEALTH POLICY
2024-2025 SCHOOL YEAR

Children will not be permitted at the school with any of the following:

- Fever of 100.4 degrees F (axillary) or higher; temperature must be normal for a 24-hour period without the use of fever reducing medications before child can attend.
Cough
Vomiting/diarrhea within the past 24 hours
Shortness of breath
Sore throat
Congestion or runny nose
Muscle aches or chills within the past 24 hours
Unusual fatigue
New loss of taste or smell
Close contact with anyone suspected for confirmed with Covid-19
Anyone in your household with any of the above

It is the school's expectation that parents be available immediately at any time in case of illness or emergencies involving their child while at school. A parent/guardian or another person authorized by the parent must be available to pick up an ill child within 30 minutes of the school's report of illness.

I hereby give permission for my child to be given emergency treatment by a qualified staff member of Lakeview Montessori. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent's Signature Date

A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD IN THE FAMILY.

Child's Physician Phone Address

Child's Dentist Phone Address

Preferred Hospital

Date of Last Physical or Doctor's visit (must be within 2 years)

Child's Allergies (Food or/medical conditions)

(Parents provide child's snacks when food allergies exist)

Does your child have?

- frequent colds
frequent sore throats
frequent ear problems
problems with skin rash
heart trouble
convulsions
fainting spells
diabetes
asthma
allergies (type of)
stomach upsets
urinary problem
problems w/diarrhea
problems w/constipation
problems w/soiling

Has your child had any of these diseases?

- bronchitis
ringworm
impetigo
head lice
chicken pox
hepatitis
scarlet fever
tuberculosis
measles (hard )
German measles(3 day)
mumps
poliomyelitis
whooping cough
worms

Has your child ever been hospitalized?

When was your child's vision and hearing last tested? By whom?

Primary Contact Daytime phone

Secondary Contact Daytime phone

Other Emergency contact person (available during day to care for your child if you are unavailable)

Relationship

Phone Address