



# bellevue montessori school

## Health Information and Policy

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents: \_\_\_\_\_

### Health Information:

Does your child now suffer or in the past has your child suffered from any of the following:

(Provide date or frequency)

frequent colds _____	diabetes _____	stomach upsets _____
frequent sore throats _____	tuberculosis _____	mumps _____
bronchitis _____	ringworm _____	urinary problem _____
frequent ear problems _____	problems with skin rash _____	poliomyelitis _____
impetigo _____	head lice _____	problems w/ diarrhea _____
heart trouble _____	asthma _____	whooping cough _____
chicken pox _____	measles (hard ) _____	problems w/constipation _____
hepatitis _____	allergies ( type of) _____	worms _____
fainting spells _____	German measles (3 day) _____	problems w/soiling _____
scarlet fever _____		

Further explanation: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ When and why? \_\_\_\_\_

When was your child's vision and hearing last tested? \_\_\_\_\_

By whom? \_\_\_\_\_

Mother's name \_\_\_\_\_ Daytime phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Father's name \_\_\_\_\_ Daytime phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

**To promote good health for all, children will not be permitted at the school with any of the following:**

- Fever of 101 degrees F or higher; fever must be normal for an 8-hour period without the use of fever reducing medications before child can attend.
- Vomiting on two or more occasions within the past 24 hours
- Diarrhea - three or more watery stools in a 24-hour period
- Draining rash
- Eye discharge or pink eye
- Fatigue that prevents participation in regular activities
- Lice or Nits
- Excessive nasal congestion or discharge

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 have provided accurate health information about my child and I have read and agree to all the provisions of the Health Policy.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_