2022-2023 CALIFORNIA MONTESSORI PROJECT CHARTER SCHOOL MEDICAL AND EMERGENCY INFORMATION AND CONSENT

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Any Legal Special Custody Arrangements: Please note below and provide a copy of legal court order.

PLEASE COMPLETE INFORMATION ON REVERSE SIDE

Medical Consent Form 5.17.22.ss

HEALTH INFORMATION

Please list any known health problems:				
Specify symptoms which occur:				
List any medications being taken by your child:				
Does your child take medications prior to arriving at so	chool? Name of Medication:			
List known allergies:	Requires Medication:			
Does your child wear: Glasses? Conta	tacts? Hearing Aid?			
Please check if your child has any of the following: A	sthma Diabetes Dizziness Fainting Heart Disease rt Murmur Muscle, Bone, or Joint Injuries Epilepsy/Seizures			
Does your child use an inhaler?				
Does your child require Assistive Devices (wheel chair, e	etc.)? What type?			
PHYSICIAN (M.D.), OSTEOPATH (D.O.) OR DENTIS TRANSPORTATION OF MY CHILD. UNDER SUCH TREATMENT TO BE PERFORMED BY ANY LICEN WHATEVER CONDITIONS ARE NECESSARY TO P				
Family Physician:	If unavailable, alternative?			
Address:	Phone:			
Family Dentist:	If unavailable, alternative?			
Address:	Phone:			
Hospital of choice when possible:				
Parent/Guardian Signature:	Date:			

Medical Consent Form