



Little Saplings Montessori

## Health & Immunization Information

Name of Child: \_\_\_\_\_  
Surname First & Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female: \_\_\_\_\_  
D M Year

Birth Place: \_\_\_\_\_ PHN#: \_\_\_\_\_

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

Child Lives with: \_\_\_\_\_

( If the child only lives with one parent is there a separation agreement) Yes/No: \_\_\_\_\_

Primary Care Giver's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Secondary Care Giver's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Child's Physician: \_\_\_\_\_ - \_\_\_\_\_  
Name Office Phone Number

Child's Dentist: \_\_\_\_\_ - \_\_\_\_\_  
Name Office Phone Number

Vision: Does your child have any vision concerns? \_\_\_\_\_

Hearing: Has your child had frequent ear infections? \_\_\_\_\_

Speech/Language: Have you ever been concerned about your child's development in this area? \_\_\_\_\_

Allergies: Please list any allergies that your child has and the reaction that results:  
\_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions: Please list any food restrictions your child may have that are to allergy related (for example vegetarian)  
\_\_\_\_\_  
\_\_\_\_\_

General Conditions: Please list any illnesses, operations, medications, and/ or chronic conditions that pertain to your child:  
\_\_\_\_\_  
\_\_\_\_\_

Traits: Please list any unusual markings such as birthmarks or scars that may be mistaken for an injury:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received all their immunizations to date: \_\_\_\_\_

**Emergency Contact Information:**

In case of an emergency pertaining to \_\_\_\_\_  
Please contact

\_\_\_\_\_ at \_\_\_\_\_.  
First and last name phone number

If unable to contact please contact the following people in this order:

1. \_\_\_\_\_ at \_\_\_\_\_  
first and last name phone number and Address

2. \_\_\_\_\_ at \_\_\_\_\_  
first and last name phone number and Address

## Permission to Seek Emergency Care:

As parent/guardian of \_\_\_\_\_, I \_\_\_\_\_  
give permission to Little Saplings Montessori Inc. to seek emergency care in my absence should it be required.

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Permission Form for Outings

Throughout the year we may go on neighbourhood walks or to one of the local parks.

\*Note: As walks are not usually scheduled ahead of time, please make sure that your child comes to school dressed in appropriate clothing for the weather conditions and has adequate sunscreen whenever necessary. (If it is colder than -20 with the wind chill there will not be outdoor time).

I, \_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_

\_\_\_\_\_ to go on local walks, and to visit the park. I  
understand that my child will be accompanied and supervised at all times by staff members of Little Saplings  
Montessori Inc.

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Photo/Video Permission

Throughout the year we may take photos or videos of our students, at work, playing, on fieldtrips and at other special events. The photographs are collected and may be used on our website or facebook page and displayed in the classroom. The child's name or identity will never be published. We would like to request your prior consent for the aforementioned purposes.

I, \_\_\_\_\_ give permission for the staff at Little Saplings Montessori Inc. to take

photos and or videos of my child (ren), \_\_\_\_\_ for the

above purposes.

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

