



Student Information and Health Form

CHILD INFORMATION

Last	First	Middle	Date of Birth (mo/day/year)

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

We require this information to contact you for school business or emergencies. Your contact information (home address, home phone number and preferred email address) will be published in the parent directory that is provided only to the school community. Please place an 'x' to the right of any information that you do not wish to have published.

Last	First	Home Phone #	Cell Phone #	email
Last	First	Home Phone #	Cell Phone #	email
Home Address				

OTHER ADULTS AUTHORIZED FOR PICK-UP AND/OR EMERGENCY CONTACT

Please list, in order of preference, all persons who are authorized to pick up your child at school or that should be contacted in an emergency if we are unable to reach a parent/guardian. Your child will not be released to anyone not on this list, unless previous arrangements have been made. I authorize the people named below to pick-up my child from Indiana Montessori Academy. *(If no box is selected, the default is that the contact is for both emergency and pick-up.)*

				<input type="checkbox"/>	<input type="checkbox"/>
Authorized Pick-Up Name	Relationship	Cell Phone #	Other Phone #	Emergency	Pick-Up
				<input type="checkbox"/>	<input type="checkbox"/>
Authorized Pick-Up Name	Relationship	Cell Phone #	Other Phone #	Emergency	Pick-Up
				<input type="checkbox"/>	<input type="checkbox"/>
Authorized Pick-Up Name	Relationship	Cell Phone #	Other Phone #	Emergency	Pick-Up

HEALTH HISTORY/INFORMATION

Allergies	Current Medications	Dietary Restrictions (OR any foods you wish your child not to eat)			
Medical Condition OR Special Needs	Operations OR Serious Injuries	Last Immunization Date			
Physician's Name	Phone Number	Dentist Name	Phone Number		
Preferred Hospital	Insurance Policy	Policy OR Group #			

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel attending to my child to order X-rays, routine tests and treatment for my child, and, in the event, I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. (If emergency warrants child will be taken to the closest hospital to the location of the injury.)

I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE EMPLOYEES AND VOLUNTEERS OF INDIANA MONTESSORI ACADEMY from any and all claims or liability for personal injury or property damage my child or I may suffer directly or indirectly arising out of or relating in any respect to attending Indiana Montessori Academy. This waiver and release of all claims, demands, action, and liability shall include, without limitations, any injury, damage or loss to person or property which may be (a) caused by any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees or (b) sustained by my child before, during or after attending Indiana Montessori Academy. I agree to indemnify and hold harmless Releasees from all lawsuits, losses, damages, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my child's attendance at Indiana Montessori Academy or my breach of all terms and conditions contained in Indiana Montessori Academy's Enrollment Agreement. This provision will apply regardless of whether or not the lawsuit, losses, damages, claims, expenses, attorney's fees and/or costs arises out of the negligence of any of the Releasees.

The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability Release.

Parent/Legal Guardian (printed name)	Signature	Date