

**Swannanoa Valley Montessori School**  
**Emergency Contact and Medical Information for a Child**

Parents will be contacted first.

**Alternative Emergency Contacts**

Primary Emergency Contact

Secondary Emergency Contact

( )  
Home Phone

( )  
Work Phone

( )  
Home Phone

( )  
Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

**Medical Information**

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Special Dietary Requests

Circle the following illnesses/recurring problems that your child has had:

Mumps

Rheumatic Fever

Bronchitis

Ear Infections

Chicken Pox

German Measles

Croup

Eczema

Measles

Asthma

In case of accident or illness requiring medical attention, the child care provider is authorized to call a health care provider or to transport my child to the nearest hospital or doctor; at it is understood that if possible, his/her services will be obtained. If neither parent/guardian nor preferred health care provider can be contacted, the child care provider is authorized to contact another health care provider. It is also understood that this agreement covers only situations which, in the best judgment of the child care provider, are true emergencies.

Parent's/Guardian's Signature

Date

Sunscreen and Insect Repellent Permission Form for SVMS Summer Camps Please check the appropriate item and supply the following information:

I give permission to SVMS to apply the following sunscreen to my child: \_\_\_\_\_

I do not give permission to SVMS to apply sunscreen to my child.

I give permission to SVMS to apply the following insect repellent to my child: \_\_\_\_\_

I do not give SVMS permission to administer insect repellent to my child.

As the parent/guardian, I assume responsibility for any adverse reactions this sunscreen/insect repellent may cause for my child. If I decide to send personal sunscreen/insect repellent, I agree to send it in its original container labeled with my child's name and the date.

Signature \_\_\_\_\_ Date \_\_\_\_\_