



Cinquegranelli Montessori

Every child comes here with his or her own gifts

HEALTH INFORMATION AND POLICY

Name of Child: _____ Date of Birth: _____

Name of Parent(s)/Guardian(s): _____

HEALTH INFORMATION

Does your child currently experience, or has your child experienced in the past, any of the following conditions? If yes, please indicate the frequency.

- | | | |
|-----------------------------|-------------------------------|-----------------------------|
| Frequent Colds _____ | Diabetes _____ | Upset Stomach _____ |
| Frequent Sore Throats _____ | Tuberculosis _____ | Mums _____ |
| Bronchitis _____ | Ringworm _____ | Urinary Problems _____ |
| Frequent Ear Problems _____ | Skin Rash _____ | Poliomyelitis _____ |
| Impetigo _____ | Head Lice _____ | Diarrhea _____ |
| Chicken Pox _____ | Asthma _____ | Constipation _____ |
| Hepatitis _____ | Measles (hard) _____ | Whooping Cough _____ |
| Fainting Spells _____ | German Measles (3 days) _____ | Worms _____ |
| Scarlet Fever _____ | Allergies _____ | Problems with Soiling _____ |

Further explanations: _____

Has your child ever been hospitalized? _____ If yes, 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: _____

Emergency Contacts (available during the day):

Name: _____ Phone: _____

Relationship: _____ Address: _____

Name: _____ Phone: _____

Relationship: _____ Address: _____

HEALTH POLICY

In order to maintain a healthy environment for everyone at Cinquegranelli, children with any of the following conditions are not permitted to come to school:

- Fever of 101 F or higher, fever must be normal for an 8 hour period without use of fever reducing medication before the child can return to school
- Vomiting, two or more occasions within 24 hours
- Diarrhea, three or more watery stools within 24 hours
- Draining rash
- Pink eye or eye discharge
- Lice or nits
- Excessive nasal congestion or discharge

It is our expectation that parents are available immediately and at any time during school hours in the case of illness or emergency involving their child.

A parent/guardian or emergency contact authorized by the parent/guardian must be available to pick up an ill child within 30 minutes of our report of the illness.

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

Parent/Guardian Signature: _____ Date: _____