



**Montessori School of Cherry Creek
Medical and Dental Record
Phone: 303-627-2715 fax: 303-627-9482**

Date _____

Child's Name _____

Date of birth _____

Is your child allergic to any foods, Medications or insect Bites? _____

If so, what foods are they and what kinds of symptoms/reactions does your child have?

Does this allergy require the use of an Epinephrine Pen?

Are there any medical conditions your child has that we should know about?

Are there any medications your child is taking that we should know about?

If a medication is required to be given during school hours, a medication authorization form signed by your child's physician and a parent needs to be provided? This includes any over the counter medications such as benedryl or pain relievers.

Please list the name, address and phone number of your child's health care provider.

Please list the name, address and phone number of your child's Dentist and/or Orthodontist.

Please list the name, address and phone number of the hospital that you would like your child brought to in case of emergency.
