

Student Information Form 2020-2021



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| Student Name: | | ATLANTA MONTESSORI INTERNATIONAL SCHOOL |
| Student Address: | | |
| Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent _____ <input type="checkbox"/> Other _____ | | |
| Parent Name: | Email: | |
| Home Address: | Cell/Home Phone: | |
| Work Address: | Work Phone: | |
| Parent Name: | Email: | |
| Home Address: | Cell/Home Phone: | |
| Work Address: | Work Phone: | |
| Allergies/Medical Conditions (please see Allergy Declaration on next page): | | |
| Medications: | | |
| I give permission for the following person(s) to pick up my child and authorize them to assume care for my child if I cannot be reached in the event of an emergency: | | |
| Name: _____ Relationship to child: _____ Cell # _____ Home # _____ Full Address: _____ | | |
| Name: _____ Relationship to child: _____ Cell # _____ Home # _____ Full Address: _____ | | |
| Name: _____ Relationship to child: _____ Cell # _____ Home # _____ Full Address: _____ | | |
| Name: _____ Relationship to child: _____ Cell # _____ Home # _____ Full Address: _____ | | |
| I acknowledge that I have read and understand all policies and procedures contained in the Atlanta Montessori International School (AMIS) Handbook, which can be found at the bottom of every weekly newsletter or requested at the front desk, and will abide by them as long as my family is enrolled at AMIS. | | |
| Parent Signature _____ | | Date _____ |

Please DO NOT email this form insecurely. Please print a signed copy and return to the school. A signed completed form is required for licensing.

AMIS Parent Allergy Declaration

With increasing numbers of children experiencing severe allergies it is our intention to provide the best care that is possible and to make our environment an inclusive one. Despite our best efforts, please know it is not possible to provide a school environment that guarantees no exposure whatsoever to allergens in question. As a school, like any public organization, AMIS is not legally required to provide this assurance, although it is our obligation and commitment to make our best effort to accommodate children with allergies and special dietary needs. This document is to define the role of the parent and what the school provides for an anaphylactic student.

- As parents/guardians, as you become more educated, you are required to provide regularly updated medical information, preferably in the form of a one-page data sheet, with emergency numbers for each parent, name and phone number of the child's pediatrician, and any special instructions to be followed. **A Severe Allergy Alert Form must be obtained from the school office, filled out and returned to the school to be kept on file. A letter of authorization to give medication must also be signed and on file at all times.**
- Parents are responsible for reviewing foods provided in the classroom and identifying those which are acceptable for their child's consumption and those which are not. It is the parent's responsibility to update this information as needed.
- Parents of children with special diets are responsible for providing classroom snack for his or her child, when available foods are inappropriate.
- Parents acknowledge that the AMIS staff is not medically trained and the primary responsibility for the student's welfare remains with the parent/guardian. It is the parent's responsibility to provide specific medications and specific directions to apply in the event of an allergic reaction. Any medications administered must be provided in the prescription container with directions provided by the child's physician.
- Parents or guardians must request that the school administer medications during a specified emergency, and consent to them being performed, should the need arise.

AMIS will supervise and minister to the needs of each child as they arise, in agreement with the above points.

AMIS will strive to provide an allergen-free space within the classroom at all times to minimize exposure from cross-contamination. *However, it must be noted that this space cannot be guaranteed completely allergen-free.*

AMIS will communicate with parents as needed to provide optimal care. Notification of the parent/guardian will be made in the event of an emergency.

AMIS will orient substitute teachers, interns and visitors to special considerations of these children.

I have read and acknowledge this declaration, and understand that if my child has a severe allergy, Atlanta Montessori International School will provide for my child to their best ability as outlined above.

***Allergies:** Yes No **If yes, please list here:** _____

*** If this requires an EpiPen, you must come to the office and complete a severe allergy form.**

Medical Release Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Atlanta Montessori International School to have my child transported to the hospital and secure for my child the necessary medical treatment. I understand the staff members in the school are trained in the basics of First Aid & CPR and I authorize them to give my child First Aid and/or CPR when appropriate.

Child's HealthCare Provider: _____

Phone: _____

Permission & Acknowledgement: I hereby give permission for my child's image to appear in newspapers, ads, the school's website, brochures, etc, for Atlanta Montessori International School.

Yes, I give permission

No, I do not give permission

Additional Medical History:

Is child currently under a doctor's care? No ___ Yes ___ If yes, what reason?

Is child on any continuous medication? No ___ Yes ___ If yes, what?

Any previous hospitalizations or operation? No ___ Yes ___ When/what for?

History of significant previous diseases or recurrent illness? No ___ Yes ___ If yes, What/When?

***If your child has Asthma, you must come to the office and complete additional paperwork.**

Does child have any physical /mental differences? No ___ Yes ___ If yes, please describe:

Immunization History Requirement: If you have not already done so, please provide AMIS with your child's immunization record (3231) or a notarized religious waiver prior to the first day your child will attend school.

Your child may not attend school without a current immunization certificate 3231 or notarized religious waiver (form DPH 2208).

Sunscreen and Bug Repellent Permission

Please return this form to the school to indicate whether you would like AMIS staff to administer sunscreen and/or bug repellent, provided by you.

Please note: If you do not provide sunscreen and/or bug repellent, none will be administered to your child.

Sun Sunscreen No ___ Yes ___

Deet Bug Spray _____

NO Deet Bug Spray _____

I understand that it is fully my responsibility to update the above information in writing with the AMIS office when any change occurs. I acknowledge that the information presented on this form is accurate and I agree with its content.

Parent Signature

Date

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