



LEWINSVILLE MONTESSORI

Vital Information Form

Child's Name: _____
Child's Nickname: _____

Date of Birth: ___ / ___ / ___
Male _____ Female _____

Father/Guardian Information:

Name: _____ Home Phone #: _____
Cell Phone #: _____ Work Phone #: _____
Employer: _____
Hours at Work: _____

Mother/Guardian Information:

Name: _____ Home Phone #: _____
Cell Phone #: _____ Work Phone #: _____
Employer: _____
Hours at Work: _____

Child's Allergies (if any): _____
Child's Dr. _____ Telephone #: _____
Family Dr. _____ Telephone #: _____
Medicines child is taking _____
Last tetanus shot _____
Outstanding medical history (diabetes, heart disease, etc.) _____

Insurance Information:

Insurance Company _____
Identification/Policy No. _____
Subscriber's Name: _____
Subscriber's place of employment _____
Subscriber's Telephone No. _____

Emergency Contacts:

1. _____ relationship _____ phone number _____
2. _____ relationship _____ phone number _____

The following people are not given authorization to pick up my child
(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child):

1. _____ relationship _____
2. _____ relationship _____