

School year: _____

Immunization Certificate

Washington State Law (RCW 28A.210.160) requires Fiddlehead Montessori to keep a completed Certificate of Immunization Status on file for every child who attends our school. The form must be signed by the child's parent or legal guardian. Your child's health care professional can help you complete the form, which is downloadable from our website. We need an updated form every year.

Your child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school until the outbreak is over. See <http://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization>

If you choose to exempt your child from one or more required vaccines, you and your doctor must complete the Certificate of Exemption. See http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106_CertificateofExemption.pdf

Authorization to Remove Child: Please list people *in order* who are allowed to pick your child up from school on a regular basis or in an emergency situation. Also, please indicate if there are any individual(s) specifically **not** allowed. (Child's Mom and Dad do not need to be included on this sheet *unless there is a court agreement*).

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1.					
2.					
3.					
Not allowed: _____					

Photo Release. With my initials:

I grant Fiddlehead permission to include pictures of my child in school-related publications, including classroom updates and school newsletters. _____

I grant Fiddlehead permission to post pictures of my child on the Fiddlehead website. _____

I grant Fiddlehead permission to post pictures of my child on the Fiddlehead Facebook page. _____

Field Trip Permission. With my initials, I grant permission for my child to attend any field trips organized by Fiddlehead Montessori. I understand a teacher and supervising adults will be present at all times, unless I am notified otherwise in advance. Transportation will be provided by parent or teacher drivers, or by foot. Students will be covered by school insurance on each field trip. Teachers will carry emergency contact information, any necessary medication for each child, and a first aid kit during each field trip.

_____ (If you do *not* agree, please contact the Director to discuss alternate arrangements.)

Topical Authorization: With my initials, I grant Fiddlehead the permission to administer sunscreen to my child. _____

Directory: With my initials, I grant Fiddlehead the right to use the contact information for my family I've supplied in the School Directory. _____



Permissions

Emergency Medical Permission

_____ With my initials, I hereby give permission for my child to be given emergency treatment, to include first aid and CPR by a qualified staff member at Fiddlehead Montessori or on field trips.

_____ With my initials, I hereby give consent for the following medical care providers and local hospital to be called:

Physician	_____	Telephone	_____
Dentist	_____	Telephone	_____
Medical Specialist	_____	Telephone	_____

In the event reasonable attempts to contact me (at the contact information I have provided in the application) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to Island Hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

My child's insurance company and policy number: _____

_____ With my initials, I do NOT give my consent for emergency medical treatment of my child. In cases in which the nature of an illness or an injury appears serious, the parent(s) are contacted and the instructions on this form are followed. In extreme emergencies, arrangements may be made for a student's immediate hospitalization whether or not the parent(s) can be reached. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Authorization to release information

The guardian signatures below also authorize the exchange of information described below between Fiddlehead Montessori School and the following agency(s) and/or individual(s):

	<i>Please list agency or individuals by name</i>
Healthcare provider	
Educational Data/IEP	
Psychological	
Vision	
Speech/Language	
Audiological	
Other: _____	

Permissions

Health Information

With my initials, I agree that I've provided all relevant health information about my child: _____

Diagnosed allergies:

Suspected allergies:

Health conditions:

Currently prescribed medications:

Dietary preferences:

My child's immunizations are up to date. Yes No

If no, please explain:

Name of physician:

Physician's phone:

Does your child require an EpiPen or other medications at school? Yes No

If your child needs to take medication at school, please complete a Medication Dispensation form and give it to the Director. The State of Washington requires all schools to have this information on file before we can administer medication, including non-prescription medication such as aspirin, decongestants, lozenges, cough drops, vitamins, and supplements.

Any other health information you'd like us to know:

Fiddlehead Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, hiring practices, scholarship and loan programs, and athletic and other school-administered programs.