

Kindernest Montessori Registration 2024-2025

First Aid and Emergency Medical Care Consent Form

Child's Name: _____
Date of Birth: _____
Parent Signature: _____
Date: _____

I authorize the staff of **Kindernest Montessori** to administer first aid to my child when appropriate.

Only staff trained and certified in first aid will administer aid.

Initials: _____

Emergency Contact Information:

| **Child's Physician/Clinic Name:** | _____

Address: | _____

Phone: | _____

Child's Allergies: | _____

Allergy Anaphylactic? | Yes No

Describe the reaction: | _____ |

Special Diet: _____

Does your child have a medical alert bracelet/necklace? Yes No

If your child has an anaphylactic allergy, they must wear a medical alert bracelet while attending.

Chronic Health Conditions? Yes No

If yes, you must complete an IHCP medical plan signed by your physician.

Has your child ever had a seizure? Yes No

If yes, please describe: _____

In Case of Emergency

I understand every effort will be made to contact me in an emergency requiring medical attention. If I cannot be reached, I authorize the program to transport my child to the nearest medical care facility and/or to:

Facility Name: _____

Signature: _____

Date: _____

Parental Consent for Various Activities

Activity	I give permission
First Aid and Medical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen/Bug Repellent Application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photography/Videography for:	
<i>Kindernest Website</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Local Newspapers</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>ProCare Individual Photos</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Classroom Emails</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Facebook & Instagram</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Kindernest Newsletters</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Developmental History and Background Information

Infants (Birth - 18 months)

Eating Habits:

Breastfed Bottle-fed Foods ()
Regular feed times:
Special diet. Please List

Toileting:

Diapers: Cloth Disposable
Chronic Diaper rash? Yes No

Sleeping Habits:

| Crib: Yes No | Daytime naps: _____

Sleep position: _____ |

Toddlers (18 months - 3 years)

Eating Habits:

Does your child use: Spoon Fork Hands
Favorite foods:
Foods refused:

Toileting:

Potty trained? Yes No
Special Toilet Procedures:

Social Relationships:

How does your child react to strangers?

Favorite toys and activities: _____

Preschool (3 - 5 years)

Eating Habits:

Uses: Spoon Fork Hands

Favorite foods:

Foods refused:

Toileting:

Special words for bathroom: _____

Bathroom Accidents? Yes No

Special toilet procedures:

Social and Emotional Development:

How does your child handle conflict?

Favorite activities: _____ |

How do you comfort your child? | _____

Additional Information

Sleeping Habits

Does your child sleep in a bed or crib?

[Nap during the day? Yes No | |

Usual bedtime:

Usual wake-up time:

Special Needs

Does your child have any special needs? | Yes No If yes, please describe:

Parent Signature: _____

Date: