

# HEALTH FORM

Maple Hill Montessori  
147 Toronto Street, Barrie, Ontario L4N 1S5  
767 Huronia Road, Barrie, Ontario L4N 9H2

Child's Name \_\_\_\_\_  
Surname

Given Names \_\_\_\_\_

DOB \_\_\_\_\_  
Day/Month/Year

Sex \_\_\_\_\_

\_\_\_\_ I will provide my child's yellow health card containing my child's vaccination history to the school as evidence of immunization against these diseases: Measles, Mumps, Rubella, Diphtheria, Polio and Tetanus, and approve that a photo copy of my child's yellow health card be taken.

\_\_\_\_ I will provide my child's affidavit as evidence from the Simcoe County Health Unit confirming that our child has been given exception to immunization due to medical or religious reasons. We give approval to the school to photo copy the affidavit provided from the Simcoe County Health Unit.

**My child has a serious anaphylactic allergy to : \_\_\_\_\_.**

Please name all allergies and any other known problems (Use back of form if needed)

My child has sensitivity to : \_\_\_\_\_.

Doctor's Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Date of last examination by Physician \_\_\_\_\_

## **Release, Indemnity agreement and declaration**

I, the undersigned agree that in the event that we cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact, Maple Hill Montessori is hereby authorized to arrange transportation to the Emergency Department of the nearest hospital, with no liability on the part of the drivers, staff of Maple Hill Montessori, or all other medical staff. The School may hospitalize secure proper treatment, order injection, or provide any treatment as noted to be needed by the physician or medical staff caring for my child. I hold Maple Hill Montessori, its agents and employees harmless from any and all claims, damages, or other liabilities for injuries to my child, which are not a result of negligence of the school, or are entirely beyond the control of the school, its agents or employees.

**I have read and understood the agreement.**

Signature of Parents \_\_\_\_\_ Date \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_