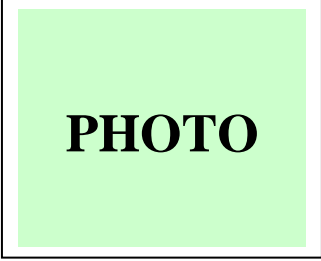




Montessori School in Kleinburg Inc. 2022-2023
MEDICAL / NON-Anaphylactic ALLERGY Information Sheet
**** (For all those who have an Epi-Pen you must fill out an Anaphylaxis Emergency Plan instead)**

Name of Student / Staff: _____
 Classroom: _____
 Home Phone#: _____
 Physician's Name: _____
 Physician's Phone#: _____



Allergies (non-anaphylactic) / MEDICAL Condition in detail and includes all sensitivities:

Medication Name (if applicable):

Expiry Date:

*****MUST COMPLETE ALL AREAS OF THIS FORM.**

If allergies are more extensive, please continue on the back of this form or make a separate list to attach.

<i>Indications of Onset of Allergic Reaction or Medical Alert</i>

<i>Actions to be Taken at Onset of Reaction (any medication must have a doctor's note attached including non-prescription medicine. Dosage to be included with full name on note)</i>

<i>Actions to be Taken if Reaction Considered Serious by Staff</i>

Individuals to be contacted in the event of a serious allergic reaction or medical problem.

	<u>Name</u>	<u>Home or Business Phone</u>	<u>Cell:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The faculty of Montessori School in Kleinburg Inc. is granted permission to call an ambulance and take said child to a local or specialty hospital if the situation is considered serious. I certify that the above information is accurate and up to date.

Parent Signature: _____ Date: _____