

Health

Does your child have any allergies? (if yes, please specify) _____

Does your child have any health problems? (if yes, please specify) _____

Does your child take any medication regularly? (if yes, please specify) _____

***Permission for Emergency Treatment**

If I cannot be reached, Montessori Friends International School personnel can seek emergency treatment for my child.

Parent Signature _____ Date _____

We certify that the information provided above is correct. If enrolled, we agree to follow the rules and procedures of Montessori Friends International School.

We agree to pay full tuition for the entire term attended in the case of illness or other unforeseen circumstances.

Parent Signature _____ Date _____

*Please include a copy of your insurance policy with this application form.