



Name of Student: _____

Date of Birth: _____ Sex _____

Address: _____
(Street and Number) (Postal Code) (City)

Telephone: _____ Other Phone: _____

Name and number of person to call in emergency other than parent: _____

Personal Physician (local): _____

Does your child have any known allergies? Please name: _____

I am providing allergy medicine to the school for emergency use only.
yes or no / name and instructions for provided medicine. _____

Other known ailments or conditions: _____

I hereby request my child be given medical care as indicated below, while a student of the Taunus International Montessori School.

- 1. Emergency medical care. yes or no
- 2. Temporary medication for headache or fever: yes or no

TIMS does not administer any other types of medicine to children, such as antibiotics, cough medicines etc. If a child needs steady medication he must remain at home until the dosage is completed.

If your child should require special medication or temporary or permanent restrictions from physical education, a note from your physician must be submitted to the class teacher.

Date: _____ / _____

(print names of one or both parents) (signatures of one or both parents)

Health Record

TAUNUS INTERNATIONAL MONTESSORI SCHOOL e.V.