



*Bridges Montessori Academy*  
*Medical Information Form*

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of emergency whom do we contact if unable to reach the parents?  
(List two)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do we have permission to contact your doctor or dentist in an emergency?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all medical conditions so that Bridges can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of the acceptance of my child as a student in Bridges Montessori Academy, the undersigned agrees to indemnify Bridges Montessori Academy, its directors, and employees against any claims and demands made by or on behalf of:

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature