



# The Sammamish Montessori School

**PLEASE COMPLETE, SIGN & RETURN  
ALL EMERGENCY FORMS ASAP  
REQUIRED PRIOR TO ATTENDANCE**

**Please fill out the Student Health History/Emergency Contact Information, Field Trip Emergency Treatment Consent, and Certificate of Immunization History forms and return them to the office immediately.** Your child's emergency information will be kept in a safe and easily accessible location in our office. The field trip emergency consent form will travel with your child's teacher during field trips. You can rest assured we will do everything we can to protect your child in the event of a crisis or disaster.

The Sammamish Montessori School has enough emergency supplies for each child for 72 hours. In the case of a crisis situation (snowstorm, earthquake, etc.) during school hours, we will have a supply of protein and cracker items, fruit cups and energy bars for each student. None of these items will contain peanut or nut products. A supply of drinking water and an emergency space blanket is also available for each child.

You are welcome to view the complete Disaster Preparedness Plan report on our website at [www.sammamishmontessori.com](http://www.sammamishmontessori.com) or visit the office to obtain a copy.

With any disaster or crisis, your cooperation is necessary in the following ways:

- Always keep the school updated with all of your telephone numbers, emergency contacts with phone numbers and an out of state contact with a phone number.
- Provide a 72-hour supply of any medication or medical supplies/equipment that your child may need.
- Encourage and explain to your child that the teachers and staff will keep them safe and that school is the best place for them to be until you are able to get to the school.
- Explain that if you are unable to pick them up quickly, the teachers and aides will care for them until you or your emergency contact comes to get them.
- Please do not telephone the school in the case of a widespread emergency. Authorities have advised us that telephone lines will be needed for emergency communications for the first 4 hours.
- Tune into local television and radio stations who will be notified via PSECS for alerts and information, or if Internet service is available go to [www.flashalert.net](http://www.flashalert.net) and/or [www.sammamishmontessori.com](http://www.sammamishmontessori.com). We will send emergency email notification assuming access is available. Please register your email to receive notifications by going to [www.flashalert.net](http://www.flashalert.net). We also plan to use our regular email system that we use to communicate on a routine basis however, as the Flash Alert system is designed specifically for emergency communications for schools throughout our area it may prove to be the most reliable method of communication in the event of a widespread emergency.

Our school staff will care for your child until you or your designee are able to reach him/her. Your child will only be released to parents, or persons whom you have previously authorized to pick up your child.

If local telephone lines are unavailable, we may be able to utilize your out-of-state contact number to relay information. If possible, we will call that number to give information on your child and to see if you have left any information for us.

Thank you for your attention to this matter. Please feel free to contact us if you have any questions. 425-883-3271 or [info@sammamishmontessori.com](mailto:info@sammamishmontessori.com).

2020-2021 SCHOOL YEAR

The Sammamish Montessori School
Field Trip Emergency Treatment Consent Form

Please fill out all items COMPLETELY. HIPPA rules do not allow us to copy the Health History/Emergency Contact form to take on a field trip. REQUIRED PRIOR TO ATTENDANCE

I, \_\_\_\_\_ hereby give my permission that my child, (parent or legal guardian)

\_\_\_\_\_, may be given emergency treatment to include first aid and /or CPR by a qualified staff member at The Sammamish Montessori School.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of consent to such treatment.

I also give permission for child to be transported by ambulance or aid car to an emergency center for treatment.

Child's Doctor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies or medical concerns (if any) \_\_\_\_\_

Is a supply of your child's medication kept at school? Yes No (circle one)

Name and type of medication(s)\* \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell# \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell# \_\_\_\_\_ Work Phone \_\_\_\_\_

Local Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

(This contact can be a relative, friend or neighbor or employer who will be called if parents cannot be reached)

Child's Teacher(s) \_\_\_\_\_ Room \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

These forms go on all field trips. In order to participate this needs to be on file.

Please fill out completely, sign and return to SMS immediately. All sections required PRIOR to attendance.



**2020-2021 SCHOOL YEAR**

**The Sammamish Montessori School**

**Student Health History/Emergency Contact Information (stays at SMS)**

**STUDENT'S NAME**

(Goes by) \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

**HOME ADDRESS**

**HOME PHONE**

**CELL PHONE**

**MOTHER'S NAME**

**WORK PHONE**

**FATHER'S NAME**

**WORK PHONE**

**FIRST EMERGENCY CONTACT (local)**

Name

Phone

(This can be a relative, friend, neighbor, or employer who will be contacted if parents cannot be reached)

**SECOND EMERGENCY CONTACT (local)**

Name

Phone

(This can be a relative, friend, neighbor, or employer who will be contacted if parents cannot be reached)

**OUT OF AREA EMERGENCY CONTACT**

Name

Phone w/area code

**DOCTOR'S NAME AND PHONE**

Date of last physical exam

Vision exam

Hearing exam

**DENTIST'S NAME AND PHONE**

Date of last dental exam

( ) I/we have the following medical concerns or behavioral concerns: (check and explain, if any)

This information will be kept confidential but will be shared with your child's teacher(s) ( )

Allergies (if any) please list :

Is your child taking any prescription medication (as needed, daily/several times a day) on a long-term basis? Yes No

Is a 72-hour supply of your child's medication kept at school? Yes No (If yes, a medication authorization form also required.)

Name and type of medication \_\_\_\_\_

I hereby give permission that my child may be given emergency treatment to include first aid and CPR by a qualified staff member at The Sammamish Montessori School. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

PARENT'S PRINTED NAME

Date:

PARENT'S SIGNATURE

**Please fill out completely, sign and return to SMS immediately. All sections required PRIOR to attendance.**



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

**Office Use Only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.			I certify that the information provided on this form is correct and verifiable.	
_____ <b>Parent/Guardian Signature Required</b>			_____ <b>Parent/Guardian Signature Required</b>	
Date			Date	

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Date                      Date                      Date                      Date                      Date                      Date  
 MM/DD/YY              MM/DD/YY              MM/DD/YY              MM/DD/YY              MM/DD/YY              MM/DD/YY

Required Vaccines for School or Child Care Entry						
◆ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
<b>Flu</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Human Papillomavirus)						
<b>MCV / MPSV</b> (Meningococcal)						
<b>MenB</b> (Meningococcal)						
<b>Rotavirus</b>						

### Documentation of Disease Immunity

*Healthcare provider use only*

**If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider**

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
Hepatitis B	Rubella	_____
Hib	Tetanus	
Measles	Varicella	

\_\_\_\_\_  
 Licensed healthcare provider signature                      Date  
 (MD, DO, ND, PA, ARNP)

\_\_\_\_\_  
 Printed Name

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#3 History of Varicella Disease:** If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

**#4 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

**Reference guide for vaccine trade names in alphabetical order**

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/us-vaccines.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		