

HEALTH OF THE CHILD

**(All information must be completed before admittance – use a separate form for each child
Make Sure All Addresses & Phone Numbers are Provided)**

Child's Name: _____ Date of last Physical: _____

Dr.'s Name _____ Dr.'s Phone: _____

Dr.'s Address _____ City: _____ Zip Code: _____

Dentist Name _____ Dentist Phone: _____

Dentist Address _____ City: _____ Zip Code: _____

Present state of health: _____

Any defects of vision or hearing: _____

Communicable diseases child has had (give details if possible)

_____ Measles _____ Scarlet Fever _____ Chicken Pox _____ Mumps
_____ Typhoid Fever _____ Small Pox _____ Whooping Cough _____ Other:

Explain: _____

List serious diseases, illness, or accidents which are not listed above (give dates if possible) _____

List any foods or materials that may cause your child to have an allergic, rash, or other reactions:
Additional Health Forms must be completed and signed by a Physician if your child has an
allergy: **If none, write NONE.** _____

Food or Material	Reaction

Special Recommendations: _____

Is the child on any medications? Describe (if taken at school additional form must be completed)

Consent for Emergency Care:

Green River Montessori School has permission to seek emergency medical care for my child in the event I (or other authorized person) cannot be reached. I understand that the school will make every attempt to first notify me and that medical care which is authorized by the school will be based on sound judgment, following the recommendation of the attending physician if our own physician cannot be reached.

Insurance Company: _____	Claim #: _____
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List all hospitals where the child has been treated, dates of treatment and reason for treatment, if not listed above. Use the back of this form to include more information.

Parents Signature: _____ Date: _____