

# Medical History Form

School Term: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone \_\_\_\_\_

## ***LEGAL REQUIREMENTS***

By state law all children are required to have these immunization in order to enter a school or child care center: Mumps, Measles, Rubella, Diphtheria, Tetanus, Pertussis, Polio, HibCV, Varicella, Hepatitis A, and Pneumococcal. We are required by the Department of Regulatory and Protective Services to have a copy of your child's immunization record from your family physician, clinic or public health department documenting the number and types of doses, and the date on which they were given. If your physician does not give all the immunizations listed, he/she must attach a written statement to that effect. This form, or an acceptable substitute, **MUST** be in your child's file in our office within one week of your child's admission. As your child is immunized you must bring an updated copy to the office.

Any serious illness or hospitalization in the last 12 months? \_\_\_No \_\_\_Yes,

Explain \_\_\_\_\_

## ***EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED***

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

## ***EMERGENCY MEDICAL CARE***

In the event that I am not immediately available and/or upon serious illness or injury to my child, I hereby authorize the staff of Amarillo Montessori Academy to obtain emergency medical care and to transport the child for emergency medical treatment.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

## ***PHYSICAL EXAMINATION***

This is to certify that this child has been examined and is able to participate in the program at Amarillo Montessori Academy.

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_