



HEARTWOOD

MONTESSORI SCHOOL

Children's Medical Report (to be filled out by parent)

Name of Child _____ Age _____ Birthdate _____

Name of Primary Parent or Guardian _____

Address of Parent or Guardian _____
(street) (city) (state)

A. MEDICAL HISTORY

1. Previous hospitalization: Yes No If so, why?

2. Is child allergic to anything: Yes No If so, what?

3. Any previous diseases or illness: Yes No If so, what?

4. Any operations: Yes No If so, please describe:

5. Any physical handicaps: Yes No If so, please describe:

6. Is child under care of a doctor: Yes No If so, for what reason?

7. Any history of mental retardation: Yes No
8. Any history of convulsion: Yes No
9. Any history of diabetes in family: Yes No
10. Any history of heart trouble: Yes No

Parent's Signature Date

*Please sign and return along with a physical and up-to-date list of immunizations.
Your pediatrician may fax directly to us at (919) 461-8386.*