



## Alexandria Montessori School

### Child Medical Statement 2023-2024

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

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Limitations or health condition  
(including allergies, medications, dietary restrictions)

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

| Immunizations    | Please circle one |    |
|------------------|-------------------|----|
| Complete for age | Yes               | No |
| In Process       | Yes               | No |

| Exempt from Immunizations | Please circle one |    |
|---------------------------|-------------------|----|
| Religious conviction      | Yes               | No |
| Health concern            | Yes               | No |
| Other:                    |                   |    |

This child has been examined on \_\_\_\_\_ and is in suitable condition to participate in group care.  
(date of examination)

Physician's signature or stamp \_\_\_\_\_

Examining Physician, Physicians Assistant or Advanced Practice Nurse (*please circle one*)

Address \_\_\_\_\_

Phone \_\_\_\_\_

*Medical within 30 days of admission every 13 months thereafter*