



The Discovery
Montessori

The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9

Phone No: 905-824-9246

MEDICAL PROFILE

Child's First Name	M. I	Child's Last Name	Date of Birth:Day / Month / Year
Name of Child Family Physician			
Physician's address: Street No.		City	Postal Code
Physician's Phone No			
Previous History of any Communicable Diseases			
1			
2			
3			
ALLERGIES			
Does your child suffer from any allergies ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, Please give details of foods or items suspected of causing the allergy and the symptoms of allergy			
Is your child receiving or to be provided any medication for the allergy.			
GENERAL			
HAS YOUR CHILD EVER HAD HIS/HER EYES TESTED ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Result
HAS YOUR CHILD EVER HAD HIS/HER HEARING TESTED ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Result
IS YOUR CHILD CURRENTLY RECEIVING ANY MEDICAL TREATMENT ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IF YES STATE DETAILS AND MEDICATION:			
ANY OTHER MEDICAL CONCERNS OR DETAILS YOU WISH TO PROVIDE			
SPECIAL DIETARY REQUIREMENTS: E.G: VEGETARIAN, HALAL, KOSHER, GLUTEN FREE, VEGAN			
OTHER SPECIAL REQUIREMENTS : PLEASE PROVIDE INSTRUCTIONS, IF ANY, ABOUT ANY SPECIAL REQUIREMENTS FOR YOUR CHILD'S DIET, SLEEP, REST, EXERCISE OR ANY MEDICAL NEEDS:			
IMMUNIZATION RECORD: PLEASE PROVIDE 2 PHOTOCOPIES OF CHILD'S LATEST IMMUNIZATION CARD			
Parent's Signature _____ Date _____			