



The Discovery Montessori Inc.

6553 Ninth Line Mississauga ON L5N 7B9

Phone No: 905-824-9246

MEDICAL PROFILE

CHILD'S NAME

First Name	M. I	Last Name	Date of Birth:Day / Month / Year
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Name of Child Family Physician

Physician's address: Street No.	City	Postal Code
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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		
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 REQUIREMENTS : PLEASE PROVIDE INSTRUCTIONS, IF ANY, ABOUT ANY SPECIAL REQUIREMENTS FOR YOUR CHILD'S DIET, SLEEP, REST OR EXERCISE:

IMMUNIZATION RECORD : PLEASE PROVIDE TWO PHOTOCOPIES OF CHILD'S LATEST IMMUNIZATION CARD

Parent's Signature _____	Date _____
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