

# Traditions Montessori School

2668 Barron Road, College Station, TX 77845 -- (979)-690-7373

Website: [www.traditionsmontessorischool.org](http://www.traditionsmontessorischool.org)

Email: [traditionsmontessori@gmail.com](mailto:traditionsmontessori@gmail.com)

Child's Name:	Child's Birth date:
Insurance Carrier and policy number: (optional)	
Allergies or other special conditions that would affect the named child's activities:	

**IMMUNIZATION RECORDS:** Please **submit** your child's current immunization record, signed or stamped by physician or health personnel.

**EMERGENCY ALLERGY ACTION PLAN:** If your child has an allergy, you **must** fill out an emergency allergy plan with your doctor and turn it in to Traditions Montessori School before they can begin school. Please ask the school director for this form or request it from your child's doctor.

**PERMISSION TO PARTICIPATE:**

Every Traditions Montessori Student must have a physician's signature stating that your child is physically able to take part in school activities. The doctor can sign and/or stamp the statement found below or you may turn in your own form from your child's doctor's office.

**HEARING/VISION SCREENING:** Children **4 years of age or older** will need an annual hearing and vision screening. If your child turns 4 or has a birthday in the middle of the year, they will need to have this completed within 2 weeks of their expired hearing/vision test date. The hearing and vision results will need to be signed and/or stamped by their physician.

	<b>Hearing Screening</b>		<b>Vision Screening</b>	
	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>
Pass				
Fail				
Signature				
Date				

**I have examined the above-named child within the past year and find that he/she is physically able to take part in school activities.**

\_\_\_\_\_  
**Physician's Printed Name**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**