



IMMACULATA

CATHOLIC MONTESSORI EST. 2020

"True respect for the child recognizes an ideal which God wishes to make actual in him." - Dr Maria Montessori

For more information contact:

Teresa Wittry

Director of Religious Education/
Immaculata Catholic Montessori

Child's Health History

Child's name _____ Age _____ Birth date _____

Primary Healthcare Provider _____ last exam date _____

Office phone _____ clinic name _____

Other healthcare provider _____ phone _____

Past Illnesses

(month/year)

- | | | |
|-----------------------------|---------------------------|--------------------|
| _____ strep throat | _____ frequent headaches | _____ hernia |
| _____ rheumatic fever | _____ dizziness | _____ asthma |
| _____ scarlet fever | _____ epilepsy | _____ diabetes |
| _____ whooping cough | _____ mononucleosis | _____ polio |
| _____ bleeding disorders | _____ hepatitis | _____ hay fever |
| _____ heart disorder/murmur | _____ chicken pox | _____ anemia |
| _____ hearing problems | _____ appendectomy | _____ sinusitis |
| _____ fainting spells | _____ kidney problems | _____ eczema |
| _____ 3 or 10 day measles | _____ high blood pressure | _____ insomnia |
| _____ frequent colds | _____ frequent ear aches | _____ tuberculosis |
| _____ other: _____ | | |

Other Information

Have there been any lasting effects from any of the above? _____

Are there any noticeable developmental delays? _____

Any concern about his/her vision? _____ Does your child wear glasses? _____

Any speech difficulty? _____ Any surgery or fractures? _____

Is elimination satisfactory? _____ Is control satisfactory? Bladder _____ Bowels _____

Does your child have any special difficulties (fears, bedwetting, stuttering, etc.)? _____

Any allergies? _____

How does your child feel about coming to school at Immaculata Catholic Montessori?

Any other concerns? _____

Please attach additional sheets if more space is required.

I certify that I have filled out this form and that the information contained therein is true and complete. I further certify that in my opinion my child is healthy and able to take part in all usual school activities unless stated to the contrary.

Signature of Parent or Guardian

Date