

Child's Name: \_\_\_\_\_  
Last First Middle Initial Birth Date

## Student Health History and Immunization Record For Montessori School of Waukesha

The following questions are asked to assist in determining your child's health needs in school. Information will only be shared with staff members who have a "need to know".

1. Is your child under a physician's care for a health problem or does he/she have a health problem that school staff should know about?  No  Yes If yes, please explain.

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2. Has your child had any serious accidents or illnesses?  No  Yes If yes, please explain.

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3. Is your child currently taking any medication(s) at home?  No  Yes If yes, please specify.

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Please note: If your child will need to take medication at school, please fill out an "Authorization to Administer Medication" form at the front desk or at [www.msow.org](http://www.msow.org).

4. Is your child under a physician's care for vision or hearing problems?  No  Yes If yes, please explain.

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*I understand that this Health History will be given to school personnel who work closely with my child. My signature below indicates that I will allow this information to be shared on a "need-to-know" basis.*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

Please don't forget to fill out the "Student Immunization Record" on the back of this form.

