

**Montessori School of Pullman** – Preschool and Kindergarten  
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[www.pullmanmontessori.com](http://www.pullmanmontessori.com)

**HEALTH HISTORY AND EXAMINATION**

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This form may be signed by you, with the date of the child’s last medical exam, and returned to school.

The health of a child is a very important factor in learning. Because of this fact, we request a simple, well-child physical examination each year. A physical exam within the last six months need not be repeated. When you go for your child’s next physical, please take a copy of this form and ask your child’s doctor to sign the form.

Please list **diseases, illnesses, physical conditions, allergies or surgical procedures** the child currently has or has had that school personnel should be aware of. Indicate what precautions or restrictions are required.

Please list medications regularly used.

Date of last medical exam \_\_\_\_\_

This information is as up to date and true to the best of my knowledge

Parents’ signature \_\_\_\_\_

This child has been examined and is ready for preschool and kindergarten experiences at the Montessori School.

Physician’s Signature \_\_\_\_\_

