

**PINETREE MONTESSORI
HEALTH FORM**

(Submit to Pinetree Montessori Only. To be completed prior to entry to School)

Name of child _____ Male Female
Date of Birth (yy) _____ / (mm) _____ / (dd) _____
Parent/Guardian _____
Address _____

Telephone _____

COMMUNICABLE DISEASE HISTORY:

Red Measles _____ Chicken Pox _____
German Measles _____ Mumps _____
Scarlet Fever _____ Whooping cough _____

Does the child have any condition that would require special attention, medication or a special diet?

Allergies? (Food, Medication, etc.)

Name of child's Physician _____

Telephone number _____

Address _____

Parent's Signature _____ Date _____

I consent to the Ontario Health Card Number recorded on this form being stored at my child's school.

Child's Health Card Number _____

Parent's Signature _____ Date _____