

# Midland Montessori School

## 2025-2026 Health Requirements

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please attach a copy of the child's immunization records before August 1<sup>st</sup>, 2025

Check Here \_\_\_ If the office has received your child's immunization records.

**Admissions Requirements: One of the following must be present before August 1<sup>st</sup>, 2025. If your child has a well check-up after August 1<sup>st</sup> or before September 2<sup>nd</sup>, 2025, please call the office or email [admissions@midlandmontessorischool.org](mailto:admissions@midlandmontessorischool.org)**

*Check to indicate the option you select:*

- DOCTOR'S STATEMENT: I have examined the child of the above name within the past year and found that they can physically participate in school activities.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

- A FORM OR WRITTEN STATEMENT FROM A HEALTH CLINIC

**If you do not have either of the above:**

- Parents Statement: A licensed physician examined my child within the past year, and they can participate in school activities. *Within the next 12 months, I will obtain a physician's statement.*

Name and Address of Physician: \_\_\_\_\_

- My child has an appointment for a physical examination on \_\_\_\_\_  
I will submit the physician's statement following the appointment.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would injure your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.*

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Child's Special Care Needs (Check all that apply or Check None of the above is required)**

- Environmental allergies
- Food illness (Attached FARE Care Plan form)
- Existing illness
- Previous serious illness
- Injuries and hospitalizations (*past 12 months*)
- Limitations or restrictions on child's activities (include doctor's note)
- Reasonable accommodations or modifications
- Adaptive equipment (*include instructions below*)
- Symptoms or indications of complications
- Medications prescribed for continuous long-term use
- Other: \_\_\_\_\_
- None of the above is required.

Explain any needs selected above:

\_\_\_\_\_  
**Signature-Parent or Legal Guardian**

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