Montessori Escuela, LLC

Medical Form

Important Information for Parents

You may submit your child's standard medical or school health record from their pediatrician instead of completing this Montessori Escuela medical form. The pediatrician's record is accepted if it includes documentation of a physical examination, an immunization/vaccination record, and a lead screening test report or documented results, as applicable.

REQUIRED BEFORE ATTENDANCE: Montessori Escuela must receive and review the child's medical records before the child may attend our program. Please submit the records before your child's first day.

If you provide the complete pediatrician record, you do not need to have your healthcare provider complete the form below. Appropriate medical or religious exemptions are handled in accordance with applicable Massachusetts requirements.

Patient Information

Student's full name: _____ Date: _____

Date of birth: _____ Pediatrician / practice: _____

Pediatrician phone: _____ Parent/guardian: _____

Child's Medical Form - For Health Care Professionals

Dear Physician, Nurse Practitioner, Physician Assistant, or Other Licensed Health Care Professional:

Montessori Escuela requests documentation of the child's current health examination, immunization status, and lead screening, consistent with Massachusetts Department of Early Education and Care requirements. A standard pediatrician health record containing this information may be provided in place of this form.

A physical examination should have been completed within one year before admission, with updated medical documentation provided as required. Please complete the following pages only if a standard pediatrician record is not being submitted.

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Child name: _____

Examination and Health Information

Name of patient: _____ DOB: _____

Address: _____

Date of examination: _____ Date of record: _____

General health and physical examination findings:

Medical conditions, allergies, or ongoing health needs requiring special care:

Accommodations or participation considerations (if any):

Additional comments (if applicable):

Montessori Escuela, LLC

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Child name: _____

Required Health Documentation

1. Physical examination completed within the past 12 months: ☐ Yes ☐ No

Date of physical examination: _____

2. Immunization/vaccination record attached or provided separately: ☐ Yes ☐ No

3. Lead screening report or documented results attached or provided separately: ☐ Yes ☐ No

Lead screening date(s) and/or result(s): _____

If an item is not applicable, please explain:

_____

Health Care Professional Certification

Name and credentials: _____

Practice address: _____

Telephone: _____ License number (optional): _____

Signature: _____ Date: _____

Submitting Medical Records

Return this form OR a complete pediatrician medical record, including the physical examination, vaccination record, and lead screening documentation, to Montessori Escuela, LLC through the school's designated secure submission process.