

## Medical Form

**Student's Name & Family:** ..... **Grade Level:** ..... **Academic year:** .....

**In case of parents' absence, to contact:**

1) Name: ..... Phone: ..... Relation: .....

2) Name: ..... Phone: ..... Relation: .....

**Doctor to contact in case of accident:** .....

**Address:** ..... **Phone:** .....

### HEALTH HISTORY:

**Operation / Surgery History (Date, description)** .....

**Family Health History (Parents, Brothers, Sisters)** .....

### CURRENT SITUATION:

**Chronic Health Concern(s) (Diabetes, Asthma ....):** .....

**Constant periodic medications (Daily / Weekly / Monthly):** .....

**Allergies (Food, medications...):** .....

**Other important concern to share with the school:** .....

**Vaccination: Kindly submit a copy of your child's vaccination booklet along with this form.**

If your child has a chronic health problem (asthma, diabetes, allergies ...) please let us know. An Individualized Intervention Plan (IIP) will be set for him.

The IIP is a written and confidential document that specifies the adaptations to the life of the child or teenager and the treatments to be administered.

**The CPF Montana declines any responsibility in case of an uncommunicated medical information.**