

UPDATED / 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.