



25700 West Ten Mile Road ~ Southfield, Michigan 48033
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Child's Annual Medical Form 2010-2011

(To be completed by child's physician)

This is to state that:

Child's Name _____

- 1. is free from communicable diseases.
- 2. and has received immunizations required by statute for admission to school under the Michigan Department of Human Services Rules for the Licensing of Children's Day Care Facilities. **Please attach a copy of the child's immunization records.**
- 3. Does this child have any hearing, vision or other physical conditions that would limit participation in classroom or other school activities?

- 4. Is this child subject to any condition (such as fainting, diabetes, allergies, etc.,) which should be watched for?

Physician's Signature _____

Physician's Name: _____

Address _____

Date of Physical Exam _____

PLEASE MAIL A HARD COPY OF THIS FORM WITH IMMUNIZATION RECORDS