



MONTESSORI ONE ELEMENTARY ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122
 Phone Number: 505.822.5150
 Fax Number: 505.822.5120
 Web Address: www.montessorione.net

MEDICAL FORM

Name of Student: _____

Home Phone #: _____ Cell Phone #: _____

Physician's Name: _____

Physician's Phone #: _____

Insurance Provider: _____ Health Card #: _____

Height: _____ Weight: _____

Specify Information and Details

1	Does your child have an ongoing medical condition?	Yes	No	
2	Is your child currently taking any prescription or nonprescription medicines or pills?	Yes	No	
3	Does your child have any allergies to medicine, pollens, foods or insects?	Yes	No	
4	Has your child ever experienced dizziness, discomfort, pain or pressure after exercise?	Yes	No	
5	Has your child's doctor ever order a test for his/her heart?	Yes	No	
6	Is there family history of heart conditions?	Yes	No	
7	Has your child ever suffered from a head injury?	Yes	No	
8	Has your child ever had surgery?	Yes	No	
9	Has your child ever had an injury related to joints, bones, muscles or ligaments?	Yes	No	

10	Does your child have a regular use of a brace or another assistive device?	Yes	No	
11	Does your child have asthma?	Yes	No	
12	Is there a family history of asthma?	Yes	No	
13	Does your child wear glasses or contact lenses?	Yes	No	

For older female students:

1	Has your daughter had a menstrual period?	Yes	No	
2	Does your child have specific medical issues regarding menstruation?	Yes	No	

If you answered Yes to Questions 1 and/or 3, please explain what actions should be taken at Onset of the Medical Condition and/or Allergic Reaction:

Individuals to be contacted in the event of a serious medical problem or allergic reaction:

	Name	Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

Do we have your permission to call an ambulance and take your child to the nearest hospital if we consider the situation serious?

YES _____ NO _____

If you answered Yes to Questions 2 and/or 11, please fill out the Medication Dispensing Log and/or Asthma Action Plan included in this packet.

Please indicate any specific dietary restrictions not related to allergies:

Parent's Signature

Date