



MONTESSORI PEBBLES

Preschool and Childcare

7516 South Cass Avenue

Darien, IL 60561

630.963.2294

HEALTH INFORMATION FORM

CHILD'S NAME: _____

Address: _____

Home Phone: _____

Pediatrician's Name

Address

Phone

ALLERGIES: _____

FOOD RESTRICTIONS: _____

PHYSICAL RESTRICTIONS: _____

Please check all that apply:

Diabetes
Medication _____
Type- medication _____

List other allergies and their reactions:

Heart Condition
Congenital _____
Organic _____
Innocent Murmur _____
Medication _____
Restrictions _____
Does your child require medication before
dental care? _____

List any other problems or restrictions:

Epilepsy
Grand mal _____ Petit mal _____
Seizures _____
Medication _____

Does your child wear glasses, hearing aid etc.?

Asthma
Medication _____

Allergy to Bee Sting
Reaction: Mild _____ Severe _____
Medication needed _____
Special instructions _____

I give the school authorities permission to take my child to the nearest hospital in case of serious accident or illness.

Parent's Signature

Date