



**Montessori School of Wooster**  
1170 Akron Road • Wooster, Ohio 44691 • (330) 264-5222

## **Child's Medical Statement 2021-2022**

Child's Name (print or type)	Date of Birth
Height	Weight

<b>Immunizations</b>	<i>Please circle one</i>	
Complete for age	Yes	No
In Process	Yes	No

<b>Exempt from immunizations</b>	<i>Please circle one</i>	
Religious conviction	Yes	No
Health Concern	Yes	No
Parent/Guardian Signature: _____		

This child has been examined and is in suitable condition to participate in group care.

Signature of examining Physician / Physician's Assistant or Advanced Practice Nurse (circle one)	Date of Examination
Address:	
Phone:	

This form is required by the Ohio Department of Education. All children ages 3-6 (pre-K through kindergarten) must **submit a new updated form each year signed and dated by a physician**. All students new to the elementary program must also provide this form. Returning elementary students do not need to do another form.

**IMPORTANT:**

**Please attach a copy of your child's immunization records.**