

## Medical Form

**Student's Full Name:** ..... **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.**

**INDIVIDUALIZED INTERVENTION PLAN - IIP:**

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.

**Did your child benefit from an Individualized Intervention Plan? IIP in his/her previous school?**

Yes       No

**If yes, please tell us which one, and attach a copy of the plan.**

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**Should your child benefit from an Individualized Intervention Plan within our school?**

Yes       No

The IIP is a written and confidential document which makes it possible to specify the adaptations to be made to the daily life of your child as well as the treatments to be administered.

**By signing this paper, you give permission to the school to provide first aid in the event of a life-threatening emergency.**

Document completed by:

**Name & Family Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**The CPF Montana declines any responsibility in case of an uncommunicated medical information.**