



**Damariscotta Montessori School**  
93 Center Street ~ Nobleboro, Maine 04555  
Phone (207) 563-2168 ~ Email [dms@tidewater.net](mailto:dms@tidewater.net)

***Child's Annual Medical Form 2007-2008***

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 Maine 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 \_\_\_\_\_

Address \_\_\_\_\_

Date of Physical Exam \_\_\_\_\_

\*Please call before faxing as fax machine is left disconnected unless used.