



MOUNT ELLIS ELEMENTARY

NEW STUDENT

A Seventh-day Adventist Christian School

3835 Bozeman Trail Road • Bozeman, MT • 59715 • (406) 587-5430

PHYSICAL CLEARANCE

Student Information

Name:

First

Middle Initial

Last

Birthday

This information may be shared with school personnel as necessary to benefit the health and safety of this student and others. I will keep school staff informed as to any changes so the student's records can be updated as needed.

Guardian:

Signature

Date

A Physician, PA or Nurse Practitioner must complete this form. Please indicate if any of the following concerns are applicable to the above listed student. If yes, please include a description or explanation of necessary medications, procedures, or adaptations. Please read the school handbook regarding medications to be given out at school.

Allergies: food, environmental, latex, medication, other yes no

Asthma yes no

Diabetes yes no

Headaches yes no

Learning Disabilities yes no

Seizures yes no

Other Medications: needs medication at school takes medication at home yes no

Hearing Concerns yes no

Vision Concerns yes no

Physical Restrictions yes no

Immunizations are current yes no

Other: please describe any pertinent health history yes no

Physician:

Signature

Date

Phone