The West River
MONTESSORI
SCHOOL
ESTABLISHED 1979
"Where a child can come and be inspired to learn."

West River Montessori School Physicians Report and Immunization Record

Child's Full Name: _____

The above child has been given a comprehensive physical examination and found to be in good physical condition and may be admitted, with my approval, to your child care facility. The examination was performed on _____.

The above child has received the required immunizations to permit attendance.

_____ _____
Physician Signature Date

_____
Physician's Name

_____
Address

_____
Phone Number

If your child is exempt from vaccinations due to religious or medical reasons, please provide the school with a letter to document in their student file.