



BROOKVIEW
MONTESSORI SCHOOL

Parent's/Guardian's Statement of Health/Activity Restrictions

This form is completed for children who were enrolled last year and who are five years old or older on or before September 1, 2017. Do not complete the Health Appraisal Form (MCDH/BCAL-3305)

Part One. My child/children are in good health. Unless noted below, there are no activity restrictions.

(1) Child's Full Name

(2) Child's Full Name

(3) Child's Full Name

Part Two: Please indicate any activity restrictions your child or children may have.

(1) My child's (enter name) _____ activities should be restricted in the (check those that apply)

____ classroom ____ playground ____ fitness program ____ other

Please explain degree of restriction _____

(2) My child's (enter name) _____ activities should be restricted in the (check those that apply)

____ classroom ____ playground ____ fitness program ____ other

Please explain degree of restriction _____

(3) My child's (enter name) _____ activities should be restricted in the (check those that apply)

____ classroom ____ playground ____ fitness program ____ other

Please explain degree of restriction _____

Part Three: Please date and sign.

Date

Parent's/Guardian's Signature

03/2017