



BROOKVIEW
MONTESSORI SCHOOL

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

This form should be completed for children who were enrolled the previous year and who are five years old or older on or before September 1 of the current school year. For new students and students who are under five years old on September 1, 2020, the Health Appraisal Form (MCDH/BCAL-3305) must be completed.

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) The activities of my child (enter name) _____ should be restricted in the (check those that apply)
_____ classroom _____ playground _____ fitness program _____ other
Please explain degree of restriction _____

(2) The activities of my child (enter name) _____ should be restricted in the (check those that apply)
_____ classroom _____ playground _____ fitness program _____ other
Please explain degree of restriction _____

(3) The activities of my child (enter name) _____ 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

02/2020