**Parent’s/Guardian’s Statement of Health/Activity Restrictions**

***This form must be completed for children who will be at least 5 years old on 9/1/24 and who were enrolled at Brookview during the 2024-25 school year.***

***For students new to Brookview, and students who will be under 5 years old on 9/1/24, the Health Appraisal Form (MDHHS/BCAL-3305) must be completed instead.***

**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*

03/2024