



BROOKVIEW
MONTESSORI SCHOOL

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 9/1/25 and who were enrolled at Brookview during the 2025-26 school year.

For students new to Brookview, and students who will be under 5 years old on 9/1/25, 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