



Free Horizon Montessori PK-8

15920 W. 10th Ave. • Golden, CO 80401

303.982.0275 Telephone 303.982.0274 Facsimile

www.FreeHorizonMontessori.org

Child's Annual Statement of Health Status for Enrollment

Per the Colorado Department of Human Services Child Care Licensing (CDHS rule 7.702.52.A), the parent or guardian of each child 2½ years of age and older must submit an "Annual Statement" of the child's current health status **SIGNED** and dated by a licensed health professional who has seen the child within the last 12 months. Annual Statements of Health must be submitted within 30 days of enrollment. The form then must be submitted annually, and after yearly examination. The health care professional's name, address and phone number must be provided. A new copy of the child's Annual Statement must be provided each year.

Child's Name: _____ Sex: ___M ___F DOB: _____

Address: _____

Date of most recent examination of child: _____

Vision _____ Hearing _____ Height _____ Weight _____

Date of next required visit/examination of child: _____

Does this child have frequent:

___ Colds ___ Earaches ___ Sore Throats ___ Strep ___ Other _____

Medical Conditions (Check all that apply):

___ Chicken Pox ___ Asthma ___ Epilepsy ___ Diabetes ___ Hepatitis ___ Fifth's Disease

1) Allergies/Allergic Reactions: _____

2) Special Diets: _____

Chronic illness or handicapping problems: _____

3) Describe any health concerns requiring attention by staff (i.e., ADD, ADHD, Sensory Motor Integration, learning differences): _____

4) Comments and Recommendations to the Staff _____

Please Print the Following:

Physician's Name: _____ Phone: _____

Name of Practice: _____

Complete Address: _____

Signature: _____

Physician or Licensed Nurse Practitioner

Date