



# MAPLETON MONTESSORI SCHOOL

3121 29TH STREET

BOULDER, CO 80301

303.449.4499

FAX: 303.449.4445

## HEALTH FORM

Your child is required to have a current Health Form on file before starting school. The form must be completed, signed and dated by a doctor who has seen your child within the last 12 months. Subsequent statements are due at the start of each school year. A copy of your physician's own Health Form is acceptable as long as it includes the information asked for here and indicates whether or not sunscreen can be applied at school.

**Health Care Professionals: Please write legibly and refrain from using medical jargon and abbreviations with which the lay person would be unfamiliar. Thanks!**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
DATE OF CHILD'S LAST PHYSICAL EXAM

Allergies (especially food) and prescribed routine for handling them at school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical conditions that may require the school's attention: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tests or evaluations and results (including vision, hearing, speech, psychological, etc.); recommendations for the school on how best to meet any special needs of the child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Yes      \_\_\_\_\_  
No      Sunscreen may be applied, as needed, at school.

Physician's Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_