



Free Horizon Montessori PK-8  
15920 W. 10<sup>th</sup> 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