



Physician's Health Statement

To be completed by the child's Health Care Professional within 12 months of admission.

Name of Child: _____

Date of Birth: _____

HEALTH INFORMATION

Please provide any health or other special situations concerning the child of which Elements Montessori School should be aware of, such as allergies, asthma, existing/pre-existing illnesses, etc.

Severe allergies (peanut allergies etc.) Please provide a written diagnosis/explanation, and any required medicines.

I attest that I have examined the child within the past year and that he/she is able to participate in the preschool program at Elements Montessori.

Name of Health Care Professional: _____

Phone Number: _____

Address: _____

Signature of Health Care Professional: _____

Date: _____

This can be faxed to us at our HIPAA Compliant fax number: 281-724-3549