

**\*\*\*This form is required IN ADDITION to your child's immunization record\*\*\***

Dear Parents,

It is a requirement of the Colorado Department of Human Services that we have on file a Statement of Health Status Form for each child that is enrolled in Preschool and Kindergarten. This form must be renewed each year.

If your child has had a physical within the last 365 days, no appointment is needed, just ask your physician to complete this form for you. However, if your child has not had a physical in the last 365 days, please schedule an appointment with your child's physician and ensure they complete and sign this form.

The signed form can be scanned and emailed to [health@dcsmontessori.org](mailto:health@dcsmontessori.org) or faxed to our school at **720-710-9971**. If your doctor is going to fax verification, please follow-up with us to ensure we received it. It is ultimately your responsibility to get this information to us.

**Failure to submit the required verification within 30 days of start date of school OR within 30 days of the previous form expiring, will result in being excluded or dis-enrolled from the Preschool or Kindergarten programs.**

As always, if you have any questions, please contact us at **720-531-3307**.

**\*\*Note:** Some physicians have their own version of this form which is also acceptable.

Email: [Health@dcsmontessori.org](mailto:Health@dcsmontessori.org)

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CHILD'S STATEMENT OF HEALTH STATUS FORM ENROLLMENT

The preschool and/or child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's abilities and/or limitations to participate in a regularly scheduled preschool and/or child care program.

**This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last twelve months (Preschool & Kindergarten).**

Name of Facility: DCS Montessori Charter School      Type of Facility: Preschool and Child Care Center  
Address of School: 311 Castle Pines Parkway, Castle Pines, Colorado 80108  
Telephone number: 720-531-3311      Fax number: 720-710-9971

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Date of my most recent examination of the child:** \_\_\_\_\_

Identified Health Conditions/Chronic Health Problems: \_\_\_\_\_

Medications prescribed: \_\_\_\_\_

Prescribed routine: \_\_\_\_\_

Special Diet Restrictions: \_\_\_\_\_

Developmental Concerns: \_\_\_\_\_

Describe any physical condition requiring the facility's special attention: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Signature of licensed physician or other health care provider      Date**

Name of Physician / Health Care Professional: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_