



The
Children's House
An Independent Montessori School

Statement of Good Health

Child's name: _____

Date of birth: _____

Parent: Please check each appropriate box:

- The child is in good health.
- The child's immunizations are up-to-date. (A copy of the immunization record must be on file at the school.)

Should the child's activity be restricted?

Yes No

If yes please explain:

Parent's Signature

Date