

Montessori Peaks Academy
Preschool, Kindergarten Before/After School Programs
Health Appraisal Form

MPA must obtain for every child who enrolls in our Preschool, Kindergarten and Before/After School Programs a signed and dated statement of the Child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Date _____

Child's name _____

DOB _____ Gender M F

Date of most recent examination of the child (within the last 12 months)

Weight _____ Height _____ Vision _____ Hearing _____

Date of last dental exam _____

Attach a current copy of immunizations and check those that the child has had and give approximate dates:

Chicken Pox _____	Rubella _____	Rheumatic Fever _____
Asthma _____	Hay Fever _____	Diabetes _____
Mumps _____	Epilepsy _____	Whooping Cough _____
Poliomyelitis _____	Other _____	

Comments _____

Surgery/Accidents/Illnesses/Chronic Health Problems _____

Dates _____

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

None _____ Other _____

Medication(s) prescribed _____ Routine _____

Allergies _____ Reaction _____

Special Diet _____

Permission for Acetaminophen Yes No Dosage _____

Health Provider Name _____ Date _____

Health Provider's Signature _____

Address _____ Phone # _____

I (parent name) _____

give my consent for my child's health care and/or child care provider to discuss my child's health concerns.

Parent or Legal Guardian Signature _____ Date _____