



Colorado Christian Montessori
 9705 W. 50th Ave, Wheat Ridge CO 80033
 303-942-8014

FAX to 303-423-6469 or email
 kids@ColoradoMontessori.com
 Attention: Sarah

**THIS FORM MUST BE SIGNED BY CHILD'S DOCTOR AND PARENT
 OR IT IS NOT VALID**

General Health Appraisal Form

Parent: Please complete

Child's Name: _____ Birthdate: _____

Allergies: None Describe: _____

Type of Reaction: _____

Diet: Breast Fed Formula: _____ Age Appropriate

Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: _____

 Parent or Legal Guardian Signature Date: _____
Authorization expires 365 days after this date

Health Care Provider: Please complete after parent section has been completed

Date of Last Exam: _____ Recent Weight: _____ **HCT: _____ ** B/P: _____ **Lead Level: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays

Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior, etc.) _____

Explain above concerns (if necessary, include instructions to childcare providers): _____

Current Medications/Special Diet: None Describe: _____

Immunizations: Up-to-date See attached immunization record Administered today: _____

Signature:

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

 Signature of Health Care Provider (certifying form was reviewed) Date

Office Stamp: Or write Name, Address, Phone Number

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.
 * The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.
 ** Required by Head Start programs only per state EPSDT schedule
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