



Children's House of Durango, LLC
Montessori Education

1689 West Third Avenue Durango, CO 81301
970-259-1089

www.childrenshouseofdurango.com

CONFIDENTIAL HEALTH RECORD

(1) Does your child have any medical conditions that will require monitoring and attention while at school? ☐ Yes ☐ No

If yes, please explain:

(2) Has your child had any type of surgery? ☐ Yes ☐ No

If yes, please explain:

(3) Is your child on any regular medication? ☐ Yes ☐ No

If yes, please explain:

(4) Has your child ever had a vision or hearing exam? ☐ Yes ☐ No

Date: _____ Results? _____

(5) Has your child had chickenpox? ☐ Yes ☐ No

If yes, what year? _____

(6) Does your child have any allergies (i.e foods; bees; latex; etc.)? ☐ Yes ☐ No

If yes, please list what they are allergic to and give a detailed description of your child's reaction:

Does your child require emergency medication for their allergy? ☐ Yes ☐ No

If yes, please fill out Anaphylactic Health Care Form, signed by your medical provider and bring medication.

(7) To help us better serve your child please describe any childhood illnesses or conditions that may affect their behavior, or you feel is pertinent? ☐ Yes ☐ No
If yes, please explain:

I understand that my child's **Confidential Health Form, Immunization Record, Medical Statement or School/Camp Exam Form** must be provided to Children's House annually.

I understand that my child's **Confidential Health Form and Immunization Record** must be provided to Children's House on or before my child's first day of school OR annually on the day it expires.

I understand that I have 30 days, after my child's first day of school, to provide Children's House my **Child's Medical Statement or School/Camp Exam Form**. I understand that it needs to be updated annually and provided to Children's House.

I have requested the **Child's Medical Statement or School/Camp Exam Form** be completed by my child's doctor and sent to Children's House, along with my child's Official Colorado Certificate of Immunization Record. If my child is not currently up-to-date on all of their immunizations, I will provide a plan to Children's House to have my child become up-to-date.

If I am choosing to have my child be exempt from any and/or all immunization, I have provided Children's House with my immunization exemption information, which I completed via the Colorado Department of Public Health's Website linked here:

<https://cdphe.colorado.gov/school-required-vaccine-exemptions>. I understand that I need to complete the immunization exemption information and provide it to Children's House annually.

Parent/Guardian Signature

Date