



Children's House of Durango, LLC
Montessori Education

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

www.childrenshouseofdurango.com

CHILD'S MEDICAL STATEMENT

(to be completed by a licensed health care practitioner)

Child's Name: _____ Sex: _____

Child's Date of Birth (DOB): _____ Child's Age: _____

Mother's Name: _____ Father's name: _____

Address: _____

Phone Number: _____

Surgery:

Accidents:

Illnesses:

Chronic Health Problems:

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

Allergies:

Vision exam results:

Hearing exam results:

Physical findings:

Comments and recommendations to child care personnel:

***** Please attach the student's official Colorado Certificate of Immunization Record to this form.**

Provider's Signature: _____ Date: _____

Provider's Phone Number: _____