



MONTESSORI HOUSE
FOR CHILDREN

Health Statement

Child's Name: _____ DOB: _____

To meet the guidelines set by the Texas Department of State Health Services for Montessori House for Children School, this form is required to be completed by your health care provider. It can either be faxed directly to MHES @ 281-239-3466, or turned in at the front desk. If you have any questions, feel free to contact us at 281-239-3400.

Physician Statement:

I attest the above child is under my care. I have examined this child within the past year and find he / she is able to participate in Montessori House Elementary Program;

- Full participation, no restrictions.
- May participate with the following restrictions:

Diagnosis: _____

Physician's Signature Date

Date

Printed Physician's Name

Phone Number