



COMMUNITY
MONTESSORI SCHOOL
- est. 1981 -

Statement of Health (Parent)

If you are having trouble getting an appointment with your child's pediatrician before the first day of school, you may submit this form instead.

Child's Name: _____ Date of Birth: _____

Physician's Name: _____

Physician's Address: _____

The physician listed above has examined my child within the past year and has stated that they are able to participate in programs offered by Community Montessori School. I understand that this document must be replaced by a signed Physician's Statement from a health-care professional within 12 months.

Date

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Immunization records are also required and
must be included with this document



COMMUNITY
MONTESSORI SCHOOL
- est. 1981 -

Physician's Statement

This form is required by the Texas Department of Protective and Regulatory Services and the Association Montessori Internationale Teachers of Texas. This form is to be on file prior to the first day of school attendance.

I have examined _____ within the past year.
S/he is physically able to take part in a school program.

Date

Signature of Licensed Physician

Name of Physician (print): _____ Phone: _____

Immunization records are also required and
must be included with this document

Please return to CMS via fax at (512) 819-9617 or email: admissions@community-montessori.org.