

**HEALTH STATEMENT**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

STATUS OF THE ABOVE CHILD'S HEALTH \_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT \_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES/NO - REASON \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(M.D. or R.N.)

**HEALTH STATEMENT**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

STATUS OF THE ABOVE CHILD'S HEALTH \_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT \_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES/NO - REASON \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(M.D. or R.N.)