

HEALTH STATEMENT

Today's date: _____

Child's full name: _____ Date of Birth: _____

Address: _____

Parent/Guardian's Name: _____ Telephone #: _____

Please check off ONE of the following options:

☐ HEALTHCARE PROFESSIONAL'S STATEMENT
I have examined the above-named child within the past year and find that he/she is able to take part in the day-care program.

_____ _____
Name and Signature of Healthcare Professional *Date*

☐ My child has been examined within the past year by a healthcare professional and is able to participate in a day-care program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and will submit it to the child-care operation.

_____
Name and Address of Health Care Professional

_____ _____
Signature- parent or legal guardian *Date*

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