

Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

(You may also turn in your own forms or documents which state that the child has been examined and is in good health)

Name of Child:	Date of Birth:	Date of Examination:
----------------	----------------	----------------------

If the child has the illness – check those the child has had and give approximate dates/ medications:

_____ Asthma: _____

_____ Epilepsy/Seizures, Severe Allergies: _____

(The above require an Allergy/ Emergency Plan from Physician)

_____ Behavioral issues and diagnosis: _____

_____ Other: _____

Has the child received any of the following screenings in the last year? Vision Hearing

(Mandatory for children 4 yrs of age and up; Please attached the Hearing & Vision Screenings report/results)

Any results that may be of concern? _____

Medication(s) prescribed: _____

All medications require authorization form before child's first day of school and a prescription label.

Are the Immunizations up-to-date? Yes No (Please attach an updated immunization schedule)

(This program has the right to accept only immunized children to protect the health of newborns/infants)

On the basis of my findings as indicated on last well examination and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child care without restrictions. Yes No

Signature of Medical Examiner

Please Print Name

Address

City, State, Zip

Phone Number

Today's Date

Religious Exemptions : allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.