

STATEMENT OF HEALTH

Please Print Clearly with Blue/Black Ink Only

Facility Name: Little's Learning Safari Director: Peggy Carty Operation No.: 1592399

Child's Full Name: _____

One or more of the following must be presented when your child (under the age of 5 years) is admitted to the daycare facility or within one week of admission. Check to indicate the option you select.

_____ Healthcare Professional's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate in a daycare program.
Healthcare Professional's Signature: _____ Date: _____

_____ A copy of the medical screening from the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated

_____ A form or written statement from a health service or clinic.

If you do not have any of the above:

_____ Parent's Statement: My child has been examined within the last year by a healthcare professional and is able to participate in a daycare program.

Name of Healthcare Professional: _____

Address: _____

Phone: _____

_____ Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the daycare facility.

_____ My child has an appointment for a physician examination:

(I will submit the statement from the healthcare professional to the childcare home following the examination for my child's file.

Name of Healthcare Professional: _____

Date of Appointment: _____

Address: _____

Phone: _____

Parent Signature: _____ Date: _____