

HEALTH STATUS FORM
for enrollment in a child care facility

The child care facility must obtain, for every child who enrolls in the child care program, a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. ***This report is to be filled out by a licensed physician or other health care professional who has seen the child within the last twelve months for children over 2 1/2 years of age and within the last 6 months for children under 2 1/2 years of age.***

Name of Facility: Waterstone Preschool

Child's Name _____ DOB _____

Describe any health condition or developmental concern including, but not limited to, allergies, seizures, asthma, diabetes, heart or respiratory conditions, and physical disabilities requiring the facility's special attention:

Medication(s) prescribed:

Allergies: _____

and prescribed routine: _____

Date of my most recent well examination of the child: _____

Date of next required visit: _____

Name of physician/health care professional

Address _____ City _____ State _____ Zip _____

Phone _____

Signature of licensed physician or other health care professional

Date