

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.***

PARENT PLEASE COMPLETE

Name of Facility: Waterstone Preschool

Child's Name _____ DOB _____

HEALTH CARE PROVIDER SECTION

Significant Health Concerns: (if necessary, include instructions for child care providers)

Allergies: _____

type of reaction (if applicable): _____

Current medication(s) prescribed: _____

**A separate medication authorization form is required for medications given at Waterstone Preschool*

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