



Parent's Health Statement

Requirement for Pre-School Age Children

Child's Name _____ Birthdate ____/____/____

Please check one:

- *My child has been examined by a licensed health professional in past 12 months and is physically and mentally able to take part in the child care program. He/ She is in good health.*
- *My child has an appointment for an examination with a licensed health professional.*

Doctor's Name _____

Doctor's Office Address _____

Office Phone Number _____

Medical diagnosis and treatment conflict with the tenets and practices of our recognized organization. Please sign the form and return it to parent. Thank you.

Parent or Legal Guardian Signature

Date