



**Cuddly Kids**  
**Hourly/Weekly Care**

**Physician's Health Statement**

**Day Care Admission Requirement for Pre-School Age Children**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

*Our childcare staff feels a medical examination is necessary to protect the health and safety of this child as well as the other children in our care.*

*We have observed the following symptoms:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete it and return it to the parent. Thank you.**

**RESULTS OF THE EXAMINATION:**

*No illness found:* \_\_\_\_\_ *Non-Communicable:* \_\_\_\_\_ *Communicable:* \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_ **AGENT:** \_\_\_\_\_

**HOW SPREAD:** \_\_\_\_\_

**MEDICATION PRESCRIBED:** \_\_\_\_\_ **DOSAGE & TIMING:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature) Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**You can contact us directly by calling Cuddly Kids Hourly/Weekly Care at (214) 368-KIDS.**