



## Health Statement

Child's Name: \_\_\_\_\_

My child has been examined within the past year by a health care professional and is able to Participate in the child care program. I will provide a Physician's Health Statement within one Year.

My child has an appointment for an examination with a licensed healthcare professional.

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Medical diagnosis and treatment conflict with tenets and practices of our recognized religious Organization.

My child's immunization is current and on file at the following listed school:

School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I have provided the childcare center with a copy of my child's current immunization record.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

