

HEALTH STATEMENT

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____

STATUS OF THE ABOVE CHILD'S HEALTH _____

ANY KNOWN CONDITIONS UNDER TREATMENT _____

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES/NO - REASON _____

SIGNED _____ DATE _____

(M.D. or R.N.)

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