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Statement of Child's Health

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____

Allergies: None or Describe: _____

I, _____ give consent for my child's care health provider, and child care to discuss my child's health concerns. My child's provider may fax this form (& applicable attachments) to my child's care

Parent Guardian signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Allergies: None or Describe: _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations

Developmental Delays Behavioral Concerns Vision Hearing Dental Nutrition Other _____

Explain above concern (If necessary, include instructions to care providers): _____

Current Medications/Special Diet: None or Describe _____

Separate medication authorization form is required for childcare

Next Well Visit: Per AAP guidelines* or Age _____

Provider Signature

This child is healthy and may participate in all routine activities in child care. Any concerns or exceptions are identified on this form

_____ Date _____

(Signature of Health Care Provider)

Annual Health Renewal

The child's PARENT must complete after ONE YEAR of enrollment

I, (Parent's name) _____, attest that the above child(ren) have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature _____ Date _____

The child's PARENT must complete after the SECOND YEAR of enrollment

I, (Parent's name) _____, attest that the above child(ren) have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature _____ Date _____

The child's PARENT must complete after the THIRD YEAR of enrollment

I, (Parent's name) _____, attest that the above child(ren) have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature _____ Date _____