

Child Health Statement For Hill and Dale Child Development Center

Must be completed by a Doctor or RN within 30 days from the first day of attendance or the child cannot return until it is.

Child's Name: _____ Birth Date: _____

Parent's Name: _____

Parent's Address: _____

For Doctor or RN use ONLY

Status of the above child's health: _____

Any known conditions under current treatment: _____

Child is capable of adjusting to programs of the child care facility:

Yes / No - Reason: _____

Signed _____ Date _____

(M.D. or RN)