

## HEALTH STATEMENT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Status of Above Child's Health: \_\_\_\_\_

\_\_\_\_\_

Any Known Conditions Under Treatment: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Signed: \_\_\_\_\_ (M.D. or R.N.) Date: \_\_\_\_\_