

Child's Health Statement

All licensed child care facilities must obtain a signed and dated statement of the child's current health status. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the past twelve months. A child may not attend pre-school until this form is received.

Child's Name _____ Sex _____ Date of Birth _____

Address _____ City _____ Zip _____

If the child has/had the illness - check those the child has had and give approximate dates:

Asthma: _____ Diabetes: _____

Epilepsy/Seizures: _____ Severe Allergies: _____

Behavioral issues and diagnosis: _____

Other: _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Has your child received any of the following screenings in the last year? (Please circle)

Hearing _____ Vision _____ Dental _____

Any results that may be of concern? _____

Allergies: _____

Medication(s) prescribed: _____

If your child needs medication please turn in a medication/allergy/asthma authorization form before child's first day of school. If your child does not need medication at school but have noted medication on this form, there is also a form for refusal to provide medication.

Are the Immunizations up-to-date? Yes No

(This program does have the right to accept unimmunized children)

Date of my most recent examination of child: _____

Name of Licensed Physician/Health Care Professional (please print)

Address _____ City _____ Zip _____

Signature of licensed physician or other health care professional

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and/or attach a copy of the state approved immunization record to this form. Not all forms are state approved so please review the form before submitting. Please look on your immunization record for the state approved notation. Records may be faxed to 303-384-8104, attn: Julie Adkins.