

HEALTH STATEMENT

Notre Dame Early Learning Center

2141 South Zenobia Street Denver, Colorado 80219

303-935-8810 Fax 303-937-4868

The ELC must obtain for every child who enrolls in our Center a signed and dated statement of the child's current health status, which indicates the child's abilities and/or limitations to participate in a regularly scheduled childcare program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Child's Name _____ Female / Male

Birthday _____ Parent's Name _____

Health History & Medical information pertinent to routine child care and emergencies:

_____ None _____ Describe: _____

Special diet _____

Allergies _____ Type of reaction _____

Current Medications _____

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development? _____ None

Comments: (include instructions to the child care provider(s). _____

Date _____ of most recent examination of child (within the last 12 months)

Weight _____ Height _____ Vision _____ Hearing _____

Child is due for a health check at age _____

Permission for Center to administer: sunscreen and mosquito repellent at parents' request.

Note: all over the counter pain relievers and cough suppressants, etc. requires a separate authorization by physician with dosage amounts and dates to be given. _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Health Provider Name: _____ Phone #: _____



_____ **Health Provider Signature**

_____ **Date**

I give consent for my child's health care provider and school nurse to discuss my child's health concerns.

Parent Signature _____ Date _____