



## Health Requirements

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I. **Admission Requirement** (Check One):

\_\_\_\_\_ Doctor's Statement – I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

\_\_\_\_\_

Doctor's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_ My child attends public school.

\_\_\_\_\_ My child has been examined within the past year by a healthcare professional and is able to participate in the child care program. Within a month of admission, I will obtain a health care professional's signed statement and submit it to the child care program.

II. **Immunizations** (Check One):

\_\_\_\_\_ Child's shot record is attached

\_\_\_\_\_ Child's shot record is on Immtrac

\_\_\_\_\_ My child attends public school.

His/her shot record are on file at \_\_\_\_\_.

I, \_\_\_\_\_, request this information be released to Kids R Kids.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_