



## Child's Health Statement

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

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

## Parent's Statement

- My child has been examined by a licensed health professional and has stated that he/she is physically able to take part in the child care program

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**OR**

- My child has an appointment for an examination with a licensed health professional

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**OR**

- Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date