

# Required Medical Form

In accordance with Minimum Standards for child care centers, a health statement is required to be on file at the Center within one week of the date of admission for each child.

In order for your child to be admitted to the Center, you must have your child's doctor fill out and sign this form. We must also have a copy of your child's **current immunization record**.

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

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

## Physician's Statement:

I have examined this child within the past year and find that the child is physically able to take part in the child care program.

Name of physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_