

Child's Statement of Health Status for Enrollment in a Child Care Facility

The child care facility must obtain for every child who enrolls 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 child care program such as summer day camp. You may use this form provided or a copy from your child's last well-check.

Name of Facility Louisville Recreation Center Type of Facility PDPS

Child's Name _____ Sex M/F Date of Birth _____

Address _____

Past Illnesses – check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

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

Medications(s) prescribed: _____

Allergies: _____

_____ and prescribed routine: _____

If tuberculin test given: Date _____ Result _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate or Immunization on the other side of this form or attach a copy from your records.

Date of my most recent examination of the child: _____

Signature of licensed physician or other health care professional _____ Date _____

Please Print:

Name of Physician/Health Care Professional

Office Address City State Zip