

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



# HEALTH STATEMENT

**ADMISSION REQUIREMENT:** Before admitting a student, one of the following options must be completed and kept in your child's file.

**Option 1: HEALTH-CARE PROFESSIONAL'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 day care/school program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

**Option 2: PARENT STATEMENT**

My child has been examined within the past year by a health care professional and is able to participate in the childcare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the school.

Name and address of the healthcare professional:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date