



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 _____