

NEW STUDENTS ONLY

PHYSICIAN FORM

DUE BEFORE START DATE

MEDICAL ADMISSION REQUIREMENT FOR 2023-2024 SCHOOL YEAR:

<u>Child's Name:</u>	<u>Date of Birth:</u>
----------------------	-----------------------

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the child care program at the ratio listed below.

Class Ratios:

Toddlers - 1:5, Two's/Young 3's - 1:6, Pre-K 3 - 1:7, Pre-K 4 - 1:7.

To be filled in by your child's doctor ONLY:

Child's allergies:

List any special precautions that should be taken in the classroom:

Child's previous (serious) illness(es) and injury:

Has the child been hospitalized in the last 12 months? Yes No If you answered yes to this question, is there any special care that must be taken?

Is the child on any medications that are prescribed for long term use that would indicate that special care needs to be taken?

Name and Address of Health Care Professional

Health Care Professional's Signature:

Date Signed:

Shot records must be provided, and include the following information:

1. The child's name and date of birth
2. The type of vaccine and number of doses
3. The month, day, and year the child received each vaccination
4. The signature (including a rubber stamp or electronic signature) of the health-care professional who administered the vaccine, or another health-care professional's documentation of the immunization as long as the name of the health-care professional that administered the vaccine is documented.

If your child will turn 4 before September 1st of this year, please also include your child's 4 year old hearing and vision test results. If your child has not completed this testing, we can provide this test for you for a \$25.00 charge. Information will be sent out about this testing in September of the upcoming school year.

