**HEALTH STATEMENT**

CHILD’S NAME: Click here to enter text. DOB: Click here to enter text.

PARENT’S NAME: Click here to enter text.

PARENT’S ADDRESS: Click here to enter text.

STATUS OF THE ABOVE CHILD’S HEALTH: Click here to enter text.

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

[ ] YES [ ] NO – REASON: Click here to enter text.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (M.D or R.N)