

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. A copy of child's immunization records must be kept on file at The Kangaroo Forest. Date Submitted: \_\_\_\_\_
2. **ADMISSION REQUIREMENT:** One of the following must be presented when your child (under the age of 5 years) is admitted to the child care facility or within one week of admission. Check to indicate the option you select:

**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 child care program.

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

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

**If you do not have any of the above:**

**PARENT'S STATEMENT:** My child has been examined within the past year by a health care professional and is able to participate in the child care program.

Name of Health Care Professional: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of Health Care Professional: \_\_\_\_\_

Within 30 Days if admission, I will obtain a health care professional's statement and will submit it to the child care facility.

**OR**

My child has an appointment for a physical examination:

Date: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address of Health Care Professional: \_\_\_\_\_

I will submit the statement, from a Health Care Professional to the child-care facility following the examination.

\_\_\_\_\_ Signature - Parent of Legal Guardian \_\_\_\_\_ Date

	Date:		Signature:			
Hz	1000	2000	4000	Pass _____		
R					Fail _____	
L						
Vision	Date:		Signature			
R20/ _____	L20/ _____		Pass	Fail		

**Note:** If medical diagnosis and treatment and / or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.