

Belle's and Beau's Academy
Child's Statement of Health Status

We must obtain, for every child in our child care program, a signed and dated statement of the child's current health status which indicates the child's abilities and/ or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician of other health care professional who has seen the child in the last twelve months.

Child's Name _____ Sex _____ Date of Birth _____
Address _____
City _____ Zip Code _____

Describe any physical condition requiring the facility's special attention: _____

Allergies: _____ Prescribed routine: _____

Date of most recent examination: _____

Signature of licensed physician or other health professional Date

PLEASE PRINT:

Name of physician/health care professional

Address City State Zip

Area Code Phone Number

*Toddlers (12 months – 30 months) must turn in this form completed when they start.
All other children have 30 days to return the completed form.