

Bayfield Early Education Programs, Inc.

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CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs 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 or other health care professional who has seen the child. We encourage you to schedule AFTER July 1st. Health appraisal forms are to be done on a yearly basis according to AAP recommendations.

Name of Facility: **Bayfield Early Education Programs, Inc.** Type of Facility: Preschool

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Past Illnesses - check those the child has had and give approximate dates:

Chicken Pox _____	Roseola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

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

Are you currently taking any medications? _____

Allergies:

Food _____ Reaction _____

Drug _____ Reaction _____

If chest x-ray taken: Date: _____ Result: _____

Vision: _____ Hearing: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Immunizations given today: _____

Date of my most recent examination of the child: _____ Date of next scheduled exam _____

Height: _____ Weight: _____

Signature of licensed physician or other health care professional

Date

Please Print:

Doctor:		Clinic:	
City:	State:	Zip:	Phone: