Bayfield Early Education Programs, Inc.
Phone: 970-884-7137 **645 Fox Farm Circle** **Fax: 970-884-2960**
Bayfield, CO 81122

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:**