



3001 8th Avenue, #160 Evans, CO 80620
Phone: 970-346-7880 Fax: 970-346-7866

***Parent/Guardian – Please carefully complete the following section, printing clearly. Stop once you have reached the dark bold line!**

Child's Name _____ Sex: M F

Birthdate ____/____/____

Address _____ City _____

State _____ Zip Code _____

I, _____, do hereby authorize the release of my

(Printed Parent/Guardian's Name)

child's medical information to the above stated childcare facility.

_____/_____/____

(Parent/Guardian's Signature)

(Date)

Child's Health Evaluation

***The following is to be completed by the child's health care provider!**

Is this child up to date on his/her immunizations? ____ Yes ____ No

List any surgeries, accidents, illnesses, and birth defects whether they are chronic or handicapping.

Is there a need for medications or special diet? ____ Yes ____ No If yes, please list _____

(Over to complete →)

Are there any allergies and/or food restrictions? _____

PHYSICAL FINDINGS: Include tests for speech, vision, and hearing.

Comments and recommendations to childcare personnel:

Is this child in good health and capable of attending care daily? Yes No

If no, why? _____

_____ / _____ / _____

(Printed name of Physician)

(Date)

(Signature of Physician)

Office Address _____

City _____ State _____ Zip Code _____

Office Phone Number _____