

## Required Health Professional's Statement

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

- Health care professional's statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

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

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practice of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_