



HEALTH ADMISSION REQUIREMENTS

Name of Child: _____

DOB: _____

CURRENTLY ENROLLED LCP STUDENTS:

☐ My child already has a signed health statement on file in the LCP office.

HEALTH STATEMENT FOR NEW FAMILIES: (to be filled out by physician)

I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name _____

Address _____

Phone Number _____

Physician's Signature _____ Date _____

IMMUNIZATION REQUIREMENTS:

☐ I have attached a copy of my child's current Physician Immunization Record.

☐ My child has a current copy of his/her Physician Immunization Record on file. I will update the Physician Immunization Record after my child's next well visit in _____.

☐ I am excluding my child from immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is valid for two (2) years.

Parent/Guardian Signature _____ Date _____

HEARING & VISION REQUIREMENTS FOR 4 & 5 YEAR OLDS ONLY

☐ I have attached a copy of my child's hearing & vision test results.

Parent/Guardian Signature _____ Date _____