

HEALTH SCREENING FORM

Statement to Physician

CHILD'S NAME: _____ BIRTHDATE: _____

Please provide information on the above-named child using the form below. I hereby authorize release of medical information contained in this report to the University of Idaho Children's Center.

Parent's Signature

Physician's Report

The above named child: is is not physically and emotionally able to participate in the childcare program described above.

Comments: _____

Any physical conditions or allergies requiring special attention in the child care center:

Medication prescribed or special routines that should be included in the child care center for child's activities: _____

DATE OF LAST COMPLETE HEALTH EVALUATION: _____

- Must have a complete health evaluation by an approved health practitioner within 6 months prior to enrollment and regular evaluations thereafter – every 6 months under 2, every year from 2-6, every 2 years for school age.

Physician's signature

Date