

# Shelby Hills Early Childhood Center/Wilma Valentine Childcare

## CHILD MEDICAL STATEMENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies: \_\_\_\_\_ Reactions: \_\_\_\_\_

Limitations or health condition (including medication, dietary restrictions, etc.)


Immunizations	Please circle one	
Complete for age	Yes	No
In Process	Yes	No

**PLEASE ATTACH RECORD**

Exempt from Immunizations	Please circle one	
Religious conviction	Yes	No
Health Concern	Yes	No
Other: _____		

**TO BE CHECKED BY MEDICAL PROFESSIONAL ONLY!**

**WVCLC students only:** Our childcare center has a policy for children with chronic health conditions that cause them to frequently be absent from daycare for their safety and that of others. Does this child have a chronic medical condition that will cause them frequent absences?

Yes

No

**This child has been examined and is in suitable condition to participate in group care.**

Signature of examining Physician/Physicians Assistant or Advanced Practice Nurse  <p style="text-align: center;">(circle one)</p> Address:  Phone:	Printed Name of examining Physician/Physicians Assistant or Advanced Practice nurse	Date of exam
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Required for children enrolled in a Preschool Special Education Program or Early Childhood Education Grant Program				Reason not completed (Check which applies)	
Assessments/Screenings	Completed		Date Completed	Health professional decision	Examples: religious conviction, insurance coverage, other
	Please circle one				
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			