



Pre-K Enrollment Information

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT AT LINCOLN ACADEMY PRE-K

Lincoln Academy Pre-K must obtain for every child who enrolls in their child care programs, a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled care program. **This report is to be filled out by a licensed physician or other healthcare professional who has seen the child in the last twelve months.**

Child's Name _____ Sex _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Describe any physical condition requiring the facility's special attention: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

Vision (Screening) _____ Hearing (Screening) _____

Please attach recorded dates immunizations were administered on the Colorado Department of Health Certificate of Immunization.

Date of most recent examination of the child: _____

Signature of licensed physician or other healthcare professional Date

Please print:

Name of Physician/Healthcare Professional Phone

Address City State Zip