

Child Care Services Child's Preadmission Health Evaluation



changing tides
family services

I authorize release of the following information below for the purpose of enrolling my child onto a subsidized child care program.

The anticipated schedule is ____am to ____ pm and _____days per week. Daily activities include vigorous outdoor play and play with groups of _____children. The schedule includes morning and afternoon snacks of _____, a noon meal, and a nap of _____hours after lunch.

Name of Child _____ Birthdate _____

Parent Name _____ Parent Signature _____ Date _____

The section below can only be completed by the child's physician:

The above named child is ___ or is not ___ physically and emotionally able to participate in the child care program described above. Comments:

The child's physical conditions requiring special attention in the child care program are:

Medication prescribed or special routines which should be included in the child care plan for the child's activities are:

Immunization History – please attach a printout or write in month and year of each dose.

Test for TB _____

Vaccine	1 st	2 nd	3 rd	4 th	5 th
Polio					
Dtp or Td					
Measles					
Rubella					
Mumps					

Does the child have any obvious ocular abnormalities? _____

Does vision seem to adequate in each eye? _____

Date of most recent examination of child: _____

Physician Signature _____ Printed Name _____ Date _____

Carol A. Hill, Executive Director | Donna Miller-Michaud, Deputy Director

Child Care Services/Subsidies/Referrals | Special Needs Services | Mental Health Services | Parent Supports