



## Health Requirements

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

### I. Admission Requirement (check one):

\_\_\_\_\_ Doctor's Statement—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.

\_\_\_\_\_  
Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Parent's Statement—My child has been examined by a doctor within the past year and I will provide a doctor's statement within twelve months of enrollment that states my child is physically able to take part in the child care program.

\_\_\_\_\_  
Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ My child attends public school.

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### II. Immunizations (check one):

\_\_\_\_\_ Child's shot record is attached.

\_\_\_\_\_ My child attends public school. His/her shot records are on file at the following school:

\_\_\_\_\_  
Name of Public School

I, \_\_\_\_\_, request this information be released to Kids 'R' Kids of Lawler Farm in Frisco.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_