

Shelby Hills Early Childhood Center/Wilma Valentine Creative Learning Center

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	Completed		Date Completed	Reason not completed (Check which applies)	
	Please circle one			Health professional decision	Examples: religious conviction, insurance coverage, other
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			