

Preston Meadow KDO Preschool
MEDICAL STATEMENT FOR ADMISSION
2017-2018


Child's Name _____ Sex _____

Child's Date of Birth _____

Child's Physician _____ Phone _____

Address _____
City _____ Zip _____

MEDICAL HISTORY

<u>Immunization Requirements:</u> ATTACH A COMPLETE COPY OF YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORDS FROM PHYSICIAN'S OFFICE.	
*Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.	
_____	_____
 Parent's signature	Date

Admission Requirement:

If your child does not attend another school away from Preston Meadow KDO, one of the following must be presented when your child is admitted to the child-care operation or within 1 week of admission.

Please check only one option:

1. **Health-Care Professional's Statement:** I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

 Physician's Signature _____ Date

2. A signed and dated copy of a health care professional's statement is attached.

3. I am excluding my child from immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is for 2 years.