MISSION HILLS
EARLY LEARNING CENTER
a ministry of Mission Hills Church

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Littleton, Colorado 80120-5675
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MEDICAL INFORMATION

Mission Hills Early Learning Center must obtain a signed and dated statement of each child's current health status that indicates the child's abilities and/or limitations to participate in their regularly scheduled childcare program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Child_____ Date of Birth_____

Address_____ Phone_____

Past Illnesses: Check those child has had and give approximate dates:

❑ Chicken Pox	❑ Whooping Cough	❑ Hay Fever	❑ Rubella
❑ Rheumatic Fever	❑ Asthma	❑ Poliomyelitis	❑ Mumps
❑ Rubeola	❑ Diabetes	❑ Epilepsy	❑ Other _____

This child ❑ is ❑ is not physically or emotionally able to participate in the Mission Hills Early Learning Center's Program.

Comments: _____

Surgery\Accidents\Illnesses\Chronic Concerns:

_____

Describe any physical condition requiring special attention:

_____

_____

Medication(s) Prescribed: _____

Allergies: _____

If Tuberculin Test given: Date _____ Result _____

If Chest X-ray taken: Date _____ Result _____

Vision _____ Hearing _____

PLEASE RECORD IMMUNIZATIONS AND DATES ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION AND ATTACH TO THIS FORM.

Date of most recent examination of child: _____

Please print: Name of Physician/Health Care Provider: _____

Address _____

City, State _____ Zip _____

Phone _____

_____ _____

Signature of licensed physician or licensed nurse practitioner **Date**