

Notre Dame Early Learning Center

2141 South Zenobia Street
Denver, Colorado 80219
303-935-8810 Fax 303-937-6699

The ELC must obtain for every child who enrolls in our Center a signed and dated statement of the child's current health status, which indicates the child's abilities and/or limitations to participate in a 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's Name _____ Female / Male
Birthday _____ Parent's Name _____

Health History & Medical information pertinent to routine child care and emergencies:
_____ None _____ Describe: _____

Special diet _____

Allergies _____ Type of reaction _____

Current Medications _____

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.)
illness, hospitalization or concerns with development? _____ None

Comments: (include instructions to the child care provider(s). _____

Date _____ of most recent examination of child (within the last 12 months)
Weight _____ Height _____ Vision _____ Hearing _____

Permission for Center to administer sunscreen and mosquito repellent at parents' request.
Note: all over the counter pain relievers and cough suppressants, etc. require a separate
authorization by physician with dosage amounts and dates to be given. _____

**Please record immunizations and dates administered on the Colorado Department of Health
Certificate of Immunization and attach to this form.**

Health Provider Name: _____ Phone #: _____



Health Provider Signature

Date

I give consent for my child's health care provider and school nurse to discuss my child's health concerns.

Parent Signature _____ Date _____