



Yeshiva Day School of Las Vegas

Phone: 702-838-8003

office@ydlv.org

Yeshiva Day School of Las Vegas Early Childhood Education Center

HEALTH STATEMENT (to be signed by Health Care Provider)

The childcare facility must obtain for every child who enrolls 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 that has seen this child in the last twelve months.

Child's Name: _____ Birthdate: _____

Parent/Guardian's Name: _____

Address: _____

STATUS OF THE ABOVE CHILD'S HEALTH:

ANY KNOWN CONDITIONS UNDER TREATMENT:

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY -

_____ YES _____ NO

IF "NO," PLEASE GIVE REASON:

MEDICATIONS PRESCRIBED: _____

REASON: _____

ALLERGIES:

(OVER)



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PLEASE RECORD IMMUNIZATIONS AND DATES ADMINISTERED AND ATTACH TO THIS FORM.

Date of my most recent examination of the child: _____

Physician's Signature: _____

_____ Date _____

(Or other health care professional)

PLEASE PRINT

Name of Physician/Health Care Professional: _____

Address: _____

Phone #: _____

_____ Fax: _____

