

STATEMENT OF HEALTH STATUS

HOPE PARENT'S DAY OUT & PRESCHOOL
5101 S. DAYTON ST.
GREENWOOD VILLAGE, CO 80111
303-741-1073
FAX 303-779-9599

Child's Name _____ Sex_____ Birthdate_____

This child is enrolled in our program 1-5 days a week from 9:00 - 1:00, in a small group setting with a professional teacher. Both vigorous and quiet indoor and outdoor activities are involved. The child provides his own lunch and snack. In your opinion, is this child able to participate in this program?

Describe any allergies or health concerns requiring special attention by the school

Date of last wellness exam _____ Next wellness exam due _____

Physician's Signature_____ Date_____

Physician's

Address_____

****PLEASE INCLUDE SIGNED COLORADO. DEPT. OF HEALTH
IMMUNIZATION CARD**