



KIDS DAY OUT
ADMISSION REQUIREMENTS FORM
Must be completed and returned by Aug. 1

CHILD'S NAME _____ DATE OF BIRTH _____

ADDITIONAL MEDICAL INFORMATION SECTION

List any special needs that your child has, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergy or insect bite allergy? Yes No

If yes, action plan submitted on: _____

Has your child been diagnosed with Asthma? Yes No

If yes, action plan submitted on: _____

Parent/Guardian Signature: _____

Date: _____

STATEMENT OF HEALTH

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is of good health and medically cleared to participate in child care or preschool.

Health Care Professional's Signature

Date Signed

Date of Well Check

Name, address, and phone number of Health Care Professional: _____

Parent/Guardian Signature _____

Date: _____

VISION & HEARING SCREENING (AGES 4 +)

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
HEARING	1000HZ	2000HZ	4000HZ	PASS/FAIL
Right				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Health Care Professional's Signature

Date Signed

