

## **HEALTH REQUIREMENTS**

A copy of an immunization record that is up to date with state mandates is required. We will accept an affidavit from the state, but we must have the original copy, they are valid for two years. If you have an affidavit on file for your child, please refer to the parent handbook for requirements should there be any outbreak of an illness that is covered by state mandated vaccinations.

## **ADMISSION REQUIREMENT FOR ALL STUDENTS:**

Child's Name:	DOB:
Phys	ician's Statement
I have examined the above-named ophysically able to attend Children's	child within the past year and find that he/she is Day Preschool.
Food Allergies: No food allergies	gy is present currently.
Diagnosed for	od allergy, see Emergency Plan.
Physician's Signature	Date
Physician's Printed Name	Physician's Phone Number