

**Our Lady of the Presentation  
Early Childhood Center  
Pre-Enrollment Health Statement  
(816)251-1140 Fax (816)251-1132**

**Statement to Physician**

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Name of Child

Birthdate

The above listed child has applied to enter Our Lady of the Presentation Early Childhood Center. This school provides a program which extends for three-and-one-half hours or more for two to five days a week. The daily activities include vigorous outdoor play and quiet indoor activities. Please provide a report on the above named child using the form below.

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Parent/Guardian

Date

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**Physician's Report**

This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time (depending upon the health status of the child). The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the preschool program described above.

Exceptions if any:

Allergies:

Illnesses: (Please Check)

Chicken Pox\_\_\_Measles\_\_\_Rheumatic Fever\_\_\_Hepatitis A\_\_\_Hepatitis B\_\_\_

Mumps\_\_\_Rubella\_\_\_Other\_\_\_HIV\_\_\_AIDS\_\_\_

Accidents or Operations:

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Physician's Signature

Date