



**MISSION HILLS
EARLY LEARNING CENTER**

a ministry of Mission Hills Church

620 SouthPark Drive
Littleton, Colorado 80120-5675
Phone 303.798.1481
Fax 303.798.9373
missionhills.org

MEDICAL INFORMATION

Mission Hills Early Learning Center must obtain a signed and dated statement of each child's current health status that indicates the child's abilities and/or limitations to participate in their regularly scheduled childcare program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Child _____

Date of Birth _____

Address _____

Phone _____

Past Illnesses: Check those child has had and give approximate dates:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubeola | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____ |

This child is is not physically or emotionally able to participate in the Mission Hills Early Learning Center's Program.

Comments: _____

Surgery\Accidents\Illnesses\Chronic Concerns:

Describe any physical condition requiring special attention:

Medication(s) Prescribed: _____

Allergies: _____

If Tuberculin Test given: Date _____ Result _____

If Chest X-ray taken: Date _____ Result _____

Vision _____ Hearing _____

**PLEASE RECORD IMMUNIZATIONS AND DATES ADMINISTERED ON THE
COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION AND ATTACH TO THIS FORM.**

Date of most recent examination of child: _____

Please print: Name of Physician/Health Care Provider: _____

Address _____

City, State _____ Zip _____

Phone _____

Signature of licensed physician or licensed nurse practitioner

Date _____