



NEVADA STATE UNIVERSITY  
EARLY CHILDHOOD  
EDUCATION CENTER



## HEALTH STATEMENT

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

STATUS OF THE ABOVE CHILD'S HEALTH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES    NO    REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(M.D. or R.N)