Medical Information / Physician's Statement

CHILD'S FULL NAME	PARENT/GUARDIAN NAME	DATE

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE PHYSICIAN'S STATEMENT IF IT IS REQUIRED BY INDIVIDUAL STATE OR LOCAL CHILD CARE LICENSING REGULATIONS OR FOR ACCREDITATION PURPOSES. SEE YOUR CENTER DIRECTOR FOR GUIDANCE.

1. Does the child have any health/medical condition that could result in an emergency at the child care location?_____

2. Date of last physical examination_____

3. Is the child free of any infectious or communicable diseases? ☐ Yes ☐ No

4. If not, are there any infectious or communicable diseases that would preclude enrollment in the child care program? _____

5. Are this child's immunizations complete and up to date? ☐ Yes ☐ No If no, please explain:

_____

6. **Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the Little Scholars group child care setting as described below?**

☐ Yes ☐ No

- Little Scholars child care center **is not** a medical treatment facility. Medical services **are not** provided; and the teachers **are not** medically trained. **Little Scholars does not provide one-to-one care.**
- Little Scholars operates a **group child care center.** Little Scholars provides meals and snacks, rest times, outdoor play times, and follows an established curriculum.
- In accordance with individual state child care licensing regulations, the ratio in this classroom is 1 teacher for every ____ children, and there will be a maximum of _____ children in this classroom. The children in this classroom range in age from _____to _____.
- Little Scholar's policy is to enroll children in compliance with the Americans With Disabilities Act (ADA), its implementing regulations and any other applicable federal, state or local laws that apply to the provision of child care services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the Little Scholars setting.

7. **If the answer to number six is yes, please indicate below what modifications are required. If necessary please use additional sheets of paper or the back of this form.**

_____

Physician Name	
Name of Practice or Clinic	Phone
Address	
Physician Signature	