



Broomfield 303-469-7529 • Castle Rock 303-814-3600 • Denver at Mayfair 303-825-1466 • Ft. Collins 970-377-2824  
Highlands Ranch 720-344-2500 • Parker 303-841-0200 • Smoky Hill 303-699-8410

**PARENT/CHILD  
STATEMENT OF CHILD'S HEALTH**

**The child's PHYSICIAN must complete the following form WITHIN 30 DAYS of enrollment**

(Child's name) \_\_\_\_\_, (Child's Birth Date) \_\_\_\_\_

(Child's name) \_\_\_\_\_, (Child's Birth Date) \_\_\_\_\_

(Child's name) \_\_\_\_\_, (Child's Birth Date) \_\_\_\_\_

(Child's name) \_\_\_\_\_, (Child's Birth Date) \_\_\_\_\_

has been enrolled in our Childcare Center. The daily program involves both vigorous and quiet indoor play, including the use of climbing equipment. In your opinion, is this child physically and emotionally able to participate in a Childcare setting? \_\_\_\_\_

Does this child require special attention, medication, or have any physical condition which may need to be taken into consideration while in our care? \_\_\_\_\_

Date of most recent examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note: Please attach a copy of the child's immunization record, signed or stamped by a physician or health personnel. (Please notify KidsTown immediately if any of the above information changes)*

**The child's PARENT must complete after ONE YEAR of enrollment**

I, (Parent's name) \_\_\_\_\_, attest that the above child/ren have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The child's PARENT must complete after the SECOND YEAR of enrollment**

I, (Parent's name) \_\_\_\_\_, attest that the above child/ren have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The child's PARENT must complete after the THIRD YEAR of enrollment**

I, (Parent's name) \_\_\_\_\_, attest that the above child/ren have had no health changes over the past year and is still mentally and physically able to participate in a childcare setting.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_