

**STATEMENT OF HEALTH STATUS**

HOPE PARENT'S DAY OUT & PRESCHOOL

5101 S. DAYTON St.

GREENWOOD VILLAGE, CO 80111

303-741-1073

FAX 303-779-9599

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

This child is enrolled in our program 1-5 days a week from 9:30 – 1:30, in a small group setting with a professional teacher. Both vigorous and quiet indoor and outdoor activities are involved. A snack is served, and the child provides his own lunch. In your opinion, is this child able to participate in this program? \_\_\_\_\_

Describe any allergies or health concerns requiring special attention by the school

\_\_\_\_\_

Date of last wellness exam \_\_\_\_\_ Next wellness exam due \_\_\_\_\_

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

Physician's Address \_\_\_\_\_

**\*\*PLEASE INCLUDE SIGNED COLORADO. DEPT. OF HEALTH IMMUNIZATION  
CARD**