

Child's Name: _____ DOB: _____

**Kipling Street Academy
State-Required Statement of Health**

I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Signature of Health Care Professional

Date

OR

My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to Kipling Street Academy.

Signature of Parent

Date

AND (if applicable)

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Signature of Parent

Date