

HEALTH REQUIREMENTS

A copy of an immunization record signed and stamped by a physician or health professional is required.

If immunizations would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

ADMISSION REQUIREMENT FOR ALL STUDENTS:

Child's Name: _____ DOB: _____

Physician Statement

Physician Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the Bright Beginnings Early Learning Program. I also certify that this child's immunizations are current and up to date.

Food Allergies: _____ No food allergy is present at this time
_____ Diagnosed food allergy see Emergency Plan

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number

Bright Beginnings Early Learning Program

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