

Preston Meadow KDO Preschool  
**MEDICAL STATEMENT FOR ADMISSION**  
**2018-2019**

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

Child's Date of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL HISTORY**

**Immunization Requirements:**

**ATTACH A COMPLETE COPY OF YOUR CHILD'S MOST CURRENT IMMUNIZATION RECORDS FROM PHYSICIAN'S OFFICE.**

**\*Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:  
My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.**



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

\_\_\_\_\_  
Date

**Admission Requirement:**

If your child does not attend another school away from Preston Meadow KDO, one of the following must be presented when your child is admitted to the child-care operation or within 1 week of admission.

Please check only one option:

1. **Health-Care Professional's Statement:** I have examined the above named child within the past year and find that he or she is able to take part in the day care program.



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

\_\_\_\_\_  
Date

2. A signed and dated copy of a health care professional's statement is attached.
3. I am excluding my child from immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is for 2 years.