

CHILD'S NAME \_\_\_\_\_

**REQUIRED FOR ADMISSION  
MEDICAL RECORD FOR LITTLE PEOPLE'S SCHOOL**

A health examination is required for each child admitted to a licensed kindergarten/pre-school program. Immunizations are to be completed by a physician, health personnel or a health unit. Copies of information must have an original signature from doctor's office staff. Please attach a copy of your child's current immunization status. During the course of your child's enrollment at LPS, please provide us with an updated copy as he/she receives vaccinations.

ADMISSION REQUIREMENT:    **\*\*\*Must be signed by the doctor!\*\*\***

Child's Name: \_\_\_\_\_

Doctor's 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 pre-school program.

\_\_\_\_\_  
Physician's Signature or stamp

\_\_\_\_\_  
Date

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If your child has been examined within the past year by a health care professional and is able to participate in the pre-school program, **please sign below.** Within 12 months of admission, the parent must obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD TO FORM!\***