

Medical Information and Statement of Health Status

Peace Early Learning Center ~ 5675 Field Street, Arvada, Colorado 80002 ~ ELC (303) 431-4494 ~ Fax (303) 940-7683

School Year _____

In compliance with state law, this form must be signed by a physician or nurse and on file in the Peace Early Learning Center office **before** the first day of school.

The examination must have been within the last twelve (12) months. The Colorado Chapter of the American Academy of Pediatrics (AAP), recommends that children from 1-10 years have health appraisal visits at: 12, 15, 18, 24 and 30 months, and age 3, 4, 5, 6, 7, 8, 9 and 10 years.

Child's Name: _____

This certifies that the child listed above has had a doctor's examination on (Date) _____ and was found to be in good health and free from any communicable disease.

Describe any physical conditions requiring the facility's special attention:

Medication(s) regularly prescribed: _____

If on Medication, possible side effects: _____

Allergies: _____

Does the patient have a Colorado School Asthma Care Plan or Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders Form? Yes / No

Name of Health Care Provider: _____

Phone: _____

Address of Health Care Provider: _____

** Signature of licensed physician or other health provider (REQUIRED BY LAW):

_____ Date: _____

* Your physician may use their state form if they prefer. It does need to include the date of the most recent examination and the physician's signature.

*Record of Immunizations: Record of Immunizations and dates administered must be completed and be on the Colorado Department of Public Health and Environment Certificate of Immunization Form .

Peace ELC fax # is 303.940.7683

NOTE: By Colorado state law, child care will be terminated within 14 days if a well-child visit and an Immunization record are not completed.