

**CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT**  
**Denver Public Schools (DPS) Early Childhood Education (ECE) Program**

Children in ECE must submit a signed and dated statement of the child's current health status upon admission which indicates the child's ability and/or limitations to participate in a regularly scheduled program in a group of young children. This report is to be completed by a licensed physician or licensed nurse practitioner who has seen the child in the last twelve months.

**No later than 30 days after admission, this report or a written verification of a scheduled appointment with a health care provider must be given to the ECE teacher. The ECE program may refuse to admit a child if a statement from an approved health care professional is not submitted.**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

• Date of child's most recent examination: \_\_\_\_\_ Date next visit is required: \_\_\_\_\_

• Known allergies \_\_\_\_\_

• Medications being taken and possible side effects: \_\_\_\_\_

• Prescribed routine: \_\_\_\_\_

• Past Illnesses - Check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

• If tuberculin test given: Date \_\_\_\_\_ Result \_\_\_\_\_

• If chest X ray taken: Date \_\_\_\_\_ Result \_\_\_\_\_

• Date of Screening for: Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Dental \_\_\_\_\_

• Surgery/Accidents/Illnesses/Chronic or Handicapping Problems: \_\_\_\_\_

• Describe any physical condition requiring special attention by staff: \_\_\_\_\_

• This child is \_\_\_\_\_ is not \_\_\_\_\_ physically and/or emotionally able to participate in the DPS ECE program.  
Comments: \_\_\_\_\_

Health Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

**Signature of licensed physician or licensed nurse practitioner**                      **Date**