



Health Care Professional Statement 2024-2025

PER STATE LAW, THIS FORM *MUST* BE SIGNED/STAMPED BY YOUR CHILD'S PEDIATRICIAN BEFORE BEING RETURNED TO SMES.

Child's name: _____

Immunization Record:

I have provided the childcare operation with a copy of my child's most current immunization record

Admission Requirement:

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

Please check only one option:

1. HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child with in the past year and find that he/she is able to take part in the day care program.

Health Care Professional Signature

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical Diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Signature –Parent or Legal Guardian

Date