

Great Beginnings Early Childhood Center
795 1600 Rd. Delta, CO 81416
970-874-8399

PHYSICIAN'S HEALTH REPORT

(CHILD) _____ whose date of birth is _____ has been enrolled in our center. The center is open from 7:30 am to 5:30 pm, Monday through Friday. Children's time at the center varies according to parental needs. Thirty two preschoolers can be in attendance at one time, with adult to child ratios at 1 to 8. Children are supervised by early childhood professionals who provide an age appropriate schedule and activities. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A snack is served both morning and afternoon, and children provide a lunch from home.

Does this child require special attention, medication, or routines or have any physical condition that may need to be taken into consideration in planning for the child's time at school?

In your opinion, is this child physically and emotionally able to participate in an early childhood program like the one described above? _____

Are this child's vaccinations up to date? _____

Please attach a copy of child's vaccination record.

Known Allergies: _____

Date of most recent examination: _____

Physician's Signature _____ Date _____