



Ecos Infantiles LEARNING CENTER

Health Statement Form

*This form meets a NM State Licensing Requirement which requires each child to be referred to a community health provider for a well-child examination. This form shall be filled out **by the child's health care provider** and returned to Ecos Infantiles Learning Center within 60 days of enrollment. **If your child has already had their well-child visit this year, you can drop this form off with your provider – no need for a new appointment.** Thank you for your cooperation.*

Child's Name: _____ Date of Birth _____ Sex: ☐ M ☐ F

Parent/Guardian's Name _____

Child's **Allergies**:

☐ None

Health History and Medical Information pertinent to routine childcare and/or treatment in an emergency:

☐ None

Describe any **medications and/or special diets** this child requires in a childcare setting.

☐ None

Describe any **needs/modifications/adaptive devices** this child requires in a childcare setting.

☐ None

Describe any **emergency action** needed while in childcare due to child's health condition (e.g. seizures, asthma, insect sting, food allergy, etc.)

☐ None

Please indicate the results of the following screenings:

Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments:
Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments:
Other:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments:

Health Care Professional's statement:

The above-named child has been examined within the past year, and he/she appears to be free from contagious or communicable disease and is able to participate in the childcare program.

_____ Date of examination: _____

Health Care Professional's Printed Name

Health Care Professional's Signature

Today's Date

Completed forms may be returned by hand, by mail, or by email to EcosInfantilesABQ@Hotmail.com.