

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**The Kipling School  
State-Required Statement of Health**

I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

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Signature of Health Care Professional

Date

**OR**

My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to The Kipling School.

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Signature of Parent

Date

**AND (if applicable)**

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.

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Signature of Parent

Date