



Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 7/11/2016

Saint Brigid of Kildare Preschool
7175 Avery Road
Dublin, OH 43017
(614) 718-5825 phone
(614) 718-5831 fax

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty rectangular box for entering limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
Physician's Assistant
Advanced Practice Nurse

**Please include a copy of the child's Immunization Record. **

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.