

UNLV/CSUN PRESCHOOL
Fax: (702)895-4935 Email: preschool@unlv.edu
HEALTH STATEMENT

Must be completed by a physician or other health care provider and returned to the

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____

Parent/Guardian Address: _____

Status of above named child's health: _____

Any known conditions under treatment: _____

Child is capable of adjusting to programs of the child care facility: _____

As of this date _____ child is current with all required immunizations.

If no, note specific shot and date to be given:

Shot Due:

Date to be Given:

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Signed: _____

Health Care Provider

Date: _____

NOTE: All administered medications must be accompanied by a prescription and pharmacy label. Parent/Guardian must complete a Medication Request form available in the preschool's website. The UNLV/CSUN Preschool is not a sick care facility; Please refer to *Family Handbook*, pages 20-23.