
Aprende Academy Pre-K

HEALTH STATEMENT

(Required Per State Of Nevada Bureau of Health Care Quality & Compliance)

Date: _____

Child's Name: _____ Birth Date: _____

Parent's Name: _____

Parent's Address: _____

Following to be completed by RN or DR:

Status of child's health: _____

This child is capable of adjusting to programs of the Pre-K? Yes _____ No _____

Explain: _____

Allergies: _____

Skin Conditions: _____

Any known special conditions under treatment? Explain below: _

Any additional information: _____

Signature of Medical Doctor or Registered Nurse

Date