



PARENT'S STATEMENT ON HEALTH OF CHILD
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY CHILDHOOD
SFN 847 (11-2024)

INSTRUCTIONS: This form must be completed annually for any child enrolled in a licensed early childhood facility.
This form is completed by a parent or guardian of the child.

Full Legal Name of Child		Birth Date	Enrollment Date	Check one <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Drop in <input type="checkbox"/> B/A School	
Full Legal Name(s) of Parent or Guardian				Relationship	
Address		City		State	ZIP Code
Home Telephone Number	Work Telephone Number		Family Dentist		
Family Physician		Clinic		Telephone Number	
Hospital				Telephone Number	
Last Visit to Doctor		Child's Height		Child's Weight	
Does the child have any food, medication or environmental allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, List Allergies		Describe Allergy Reaction		Usual Treatment	
Check If Any Of The Following Conditions Exist <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Frequent Earaches <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other Conditions (specify): _____					
Explain All Checked Items					
Is the child under current medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:					
Are there any medications that the child takes daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:					
Describe any limitation your child may have for participation in an early childhood program.					
Is there a health care plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach.					
INSURANCE: Liability insurance is <u>not</u> a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.					

CERTIFICATION

I certify that the above information is true to the best of my knowledge.

Signature	Date
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