

**1315 South 24th Street Phone: 515-573-5461**

**Fort Dodge, IA 50501 Fax: 515-576-0689**

**A United Way Agency**

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Statement of Health Status

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent’s name) (child’s name)

Is free of any communicable or infectious disease, and is able to participate in a child care program. Any allergies, medications, or acute or chronic conditions that my child may have are explained below.

Restrictions:

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_