



St. Philip Early Learning Center
7531 S. Kendall Blvd. @ Ken Caryl Ave.
Littleton, CO 80128
Ph. 303-972-9774 FAX 303-979-6396
SPELC@StPhilip-co.org

HEALTH STATUS RECORD

MUST be signed by Licensed Health Care Provider.

Form valid for one (1) academic school year and CANNOT be dated prior to June 1.

Child's Full Name _____

Was given a physical examination within the last 12 months on: _____

Immunization records are up-to-date _____ Yes _____ No

Chronic Medical Conditions (e.g. asthma, diabetes, seizures): (List) _____

Medication taken for chronic condition: _____

Any restrictions of activity? Yes _____ No _____ If yes, explain _____

Describe any physical condition requiring special attention by program staff: _____

SPELC is not a peanut free facility.

Allergies: List _____

Requires: Epi-Pen _____ Yes _____ No
Antihistamine _____ Yes _____ No

If yes, requires SPELC Health Care Plan Form, signed by physician before first day of class.

Other emergency medications taken during program hours (requires SPELC Authorization For The Administration Of Medication Other Than Benadryl and/or Epi Pen Form, signed by physician before their first day of class.)

List: _____

Allergies to any medications: _____

Foods, beverages or dietary restrictions due to family preference: _____

_____ Cleared for age appropriate activities _____ Cleared for preschool attendance

Licensed Health Care Provider Name (Print)

Date

Signature of Licensed Health Care Provider

Address

Phone

Parent/Legal Guardian Signature _____ **Date** _____

The above signature is also authorization to Fax Health Status Record to SPELC.

ALSO REQUIRED: CURRENT IMMUNIZATION FORM signed by doctor