



# St. Viator Parish School

4246 S. Eastern Avenue  
Las Vegas, Nevada 89119



## HEALTH STATEMENT

CHILD'S NAME:

BIRTH DATE:

PARENTS:

FAMILY NO.:

ADDRESS:

CITY:

STATUS OF THE ABOVE CHILD'S HEALTH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY KNOWN CONDITIONS UNDER TREATMENT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHILD IS CAPABLE OF ADJUSTING TO PROGRAMS OF THE CHILD CARE FACILITY

YES \_\_\_ NO \_\_\_ REASON \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(M.D. or R.N.)