Aunty Ana’s House

MEDICAL FORM

# Physician Verification Form

Dear Physician:

 is currently enrolled at **AUNTY ANA’S HOUSE** child care program.

 (Child's Name)

Our child care staff feels a medical examination is necessary to protect the health and safety of this child as well as the other children in our care. We have observed the following symptoms:

This child cannot return to the child care program without this signed form. Please complete it and return it to the parent as soon as possible. Thank you.

RESULTS OF THE EXAMINATION: **No illness found:** **Non-Communicable:** **Communicable:**

DIAGNOSIS: AGENT: HOW SPREAD: \_

MEDICATION PRESCRIBED: DOSAGE & TIMING: \_ SPECIAL INSTRUCTIONS: DATE CHILD MAY RETURN TO CARE: \_

 Phone: Date: \_

(Physician's Signature)

You can contact us directly by calling us at **808-200-2406**.

**Authorization For The Administration of Medication**

I authorize the administration of to by

(Medication) (Child's Name)

**Aunty Ana’s House LLC** according to instructions on label. This authorization is effective until (Date)

Name of Physician Who Prescribed Medicine: Phone:

 Date: Parent Signature

**Authorization To Seek Medical Treatment**

I give the authorized representative of **Aunty Ana’s House LLC** permission to obtain medical treatment

for my child, .

(Child's Name)

Date:

(Parent's Signature)

Parent's Home Phone: Work Phone:

Aunty Ana’s House LLC Medical Form 5/28/21