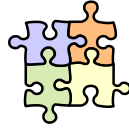


BOW VALLEY FAMILY CHILD CARE AGENCY

A Division of Davar Child Care Society



**AN ACCREDITED NOT-FOR-PROFIT SOCIETY & REGISTERED CHARITY
CELEBRATING 25 YEARS OF CARING FOR CHILDREN AND THEIR FAMILIES**

DEAR PARENT / PHYSICIAN,

As per Calgary and Area Region 3 regulations, we request that your child(ren) have a medical examination.

Please have your Physician provide a statement, indicating whether your child(ren) are in good health and may attend a Family Day Home.

Please email, mail or fax this form to our office.

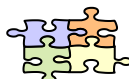
Your cooperation in this matter is most appreciated.

Yours truly,

Bow Valley Family Child Care Agency

BOX 8009 • CANMORE, ALBERTA • T1W 2T8

PHONE: 403.609.7392 • FAX: 403.273.8113 • E-MAIL: bowvalley@davarchildcare.org



DAVAR CHILD CARE SOCIETY • PHONE: 403.250.5211 • FAX: 403.250.5253

Revised August 2007

M E D I C A L C E R T I F I C A T I O N

Legal Name of Child:	Date of Birth:
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Please check any ongoing illnesses, disabilities or limitations:				
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Asthma	<input type="checkbox"/> Earaches	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Chronic Diarrhea	<input type="checkbox"/> Fevers	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Eyesight Problems
<input type="checkbox"/> Other (please describe)				

Does the child have any known allergies? Please list under category.	
<input type="checkbox"/> Food	
<input type="checkbox"/> Environment	
<input type="checkbox"/> Medication	Other:

Has the child been tested for any of the following?		
Eyesight	Hearing	Reflex Action

Are the child's immunizations up to date?	Yes	No
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Declaration: I have examined the above named child and consider the child to be in a state of health that is appropriate to his / her being cared for in a Family Day Home.	
Physician's Signature &/ or Office Stamp	Date:
	Address:
	Postal Code:
	Phone: Fax:
Consultant's Signature:	Date: