



# PARENT'S STATEMENT ON HEALTH OF CHILD

ND DEPARTMENT OF HUMAN SERVICES/CFS  
SFN 847 (Rev. 11-2008)

INSTRUCTIONS: This form must be completed annually for any child enrolled in a licensed early childhood facility.  
This form is completed by a parent or guardian of the child.

Full Legal Name of Child:		Birth Date:	Enrollment Date:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Dropin <input type="checkbox"/> B/A School	
Full Legal Name(s) of Parent or Guardian:				Relationship:	
Address:		City:	State:	ZIP Code:	
Home Telephone Number:	Work Telephone Number:	Family Dentist:			
Family Physician:		Clinic:	Telephone Number:		
Hospital:			Telephone Number:		
Last Visit to Doctor:		Child's Height:	Child's Weight:		
Does The Child Have Any food, medication or environmental allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, List Allergies:		Describe Allergy Reaction:		Usual Treatment:	
Please Check If Any Of The Following Conditions Exist:					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Behavioral Issues		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Other Conditions (please specify): _____		
<input type="checkbox"/> Vision Impairment					
Please Explain All Checked Items:					
Is The Child Under Current Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Are There Any Medications That The Child Takes Daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Describe Any Limitation Your Child May Have For Participation In An Early Childhood Program:					
Is there a health care plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach					

**INSURANCE:**  
Liability insurance is not a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.

**CERTIFICATION:**  
I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:	Date
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