

CCP Health Certificate

**Section I to be completed by parent/legal guardian:**

CHILD \_\_\_\_\_

Last

First

Middle

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

Last

First

Address \_\_\_\_\_

Street

City

State

ZIP

1. Does your child have any medical conditions the staff should be made aware of? \_\_\_\_\_

2. Does your child have any known allergies? \_\_\_\_\_

If so a health care plan is required from your health care provider.

3. Is your child on any special dietary restrictions? \_\_\_\_\_

4. Do you have any special requests regarding your child's care while at school? \_\_\_\_\_

\_\_\_\_\_  
Parent / legal guardian signature

**Section II to be completed by a physician:**

1. Does this child enjoy good health free from any conditions? \_\_\_\_\_

2. Has this child demonstrated normal motor and mental development? \_\_\_\_\_

3. Should this child be on any physical or dietary restrictions? \_\_\_\_\_

Include an individualized health care plan for special needs, restrictions or allergies.

Include condition, symptoms and course of action.

4. Are the child's immunizations up to date? \_\_\_\_\_

5. Date of most recent health checkup? \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Any comments or recommendations? \_\_\_\_\_

Please provide a history of required immunizations. Shaded area indicates age due.

Age	HepB	DTaP	Hib	IPV	PCV7	MMR	Var
Birth							
2 months							
4 months							
6 months							
12 months							
15 months							
4-6 years							

Results of Tuberculin Test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

NC requires immunizations. If child has not had an immunization, please note the reason- religious \_\_\_\_\_ other \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

## INDIVIDUALIZED CARE PLAN

An Individualized Care Plan (prepared by the child's doctor) is required for children with special health care needs (such as allergies, diabetes). Individualized Care Plan includes the condition, symptoms and the course of action the CCP staff should follow if symptoms occur.

The program will display information about each child's health needs in the classroom and snack areas as a visual reminder for all those who interact with the child during the program day.

The Individualized Care Plan is due before the first day of school with the health certificate.

Need a health certificate completed or a vaccination?

Call the Gaston County Health Dept. 704-853-5000.