



Health Care Professional Release Form

This form must be completed before your child can be readmitted to Almost Mom Child Care.

This is to verify that *child's name*: _____

was seen in our offices on *date*: _____ / _____ / _____,

Diagnosis: _____

May return to: Day Care
 today
 on *date*: _____
 after taking prescribed medication for 24 hrs

Restrictions: None
 No physical activity for _____ days

Communicable Disease: yes no

Communicable Diseases: Not permitted by law in childcare. Some of these illnesses are, but not limited to: **Infectious Conjunctivitis (pink eye), Impetigo, Hepatitis A, Scabies, Ringworm, Infectious Diarrhea, Chicken Pox, Scarlet Fever, Lice, and Strep Throat.** Your child will be accepted back into care when no longer contagious and must have a doctor's note saying so. All other parents will be notified of the possibility of a communicable disease and what symptoms to watch for.

Comments: _____

Signature/Title of Physician Practice Representative:
