

is being studied for readiness to enter

NAME OF CHILD CARE CENTER (SCHOOL) (BIRTH DATE)

has a program which extends from

NAME OF CHILD CARE CENTER (SCHOOL) This Child Care Center/School provides

a.m./p.m. to a.m./p.m. days a week.

use of medical information contained in this

Please do not place a checkmark in the box unless you have actually reviewed the information. I hereby authorize release

DATE OF BIRTH OF CHILD

TODAY'S DATE

SIGNATURE OF PARENT/GUARDIAN

THIS FORM IS TO BE COMPLETED BY PHYSICIANS

STATE OF CALIFORNIA



THE RIGHTS OF THE CHILDREN OF CALIFORNIA

SEVALUACION MEDICA QUE SE REQUIERE ANTES DE QUE SE LE ADMITA A UN CENRO A UN PLAN DE CUIDADO

PARTES A CONSENTIMIENTO DEL PADRE/MA DE UN NIÑO CON NECESIDADES

[The remainder of the page contains extremely faint and illegible text, likely a form or legal document, which has been obscured by heavy noise and artifacts.]