



Parent Health Statement

2008-2009

Parent Physical (valid for two years)

I have examined _____ on _____ (date) and have found him/her to be free of any illness or condition which might adversely affect the welfare of small children.

Physician's Signature

____/____/____
Date

MMR Immunity (valid for the length of stay at NCNS)

Documented proof of immunity to Measles, Mumps and Rubella is required of each parent helper at NCNS. This requirement was fulfilled as follows (*please check one*):

____ Actual lab results are attached.

____ Parent was re-vaccinated on _____ (date)

Physician's Signature

First Aid Certification (Valid for three years)

Each parent helper at NCNS is required to complete a first aid class. This requirement has been fulfilled as follows (*please check one*):

____ I have previously **completed** an NCNS First Aid course on _____ (date).

____ I **will complete** an NCNS First Aid course on (*please check one*)

____ Thursday, September 11th, 2008, time TBD; **or**

____ Tuesday, September 16th, 2008, time TBD.

____ I have completed a Red Cross Basic First Aid Class on _____ (date).

____ I am a physician or nurse and have attached a copy of my medical license.