



Nannies Unlimited Child Center and Preschool Inc.
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Child's Medical Update

I have examined _____, or have sufficient ongoing knowledge of his/her medical condition to state this child is free of any communicable or infectious disease and is able to participate in a child care program.

Restrictions: Yes _____ **(Please explain below)** No _____

Physician's Signature

Physician's Address

Date

*Note: This form is also used for a child entering the program for the second or succeeding years