



Odyssey Childcare 2005

Doctor's Approval Form

Child's Name: _____

Symptoms: _____

Diagnosis: _____

Medication Prescribed: _____

Is this child contagious? ____yes ____no

If no, is this child able to participate in regular day home activities? YES / NO

How long before child can return to day home? _____

Dr.'s Name: _____

Signature: _____

Date: _____

Physician Stamp if applicable:

*****Note for Parent and Provider – Any prescribed medication must be approved and the paperwork must be filled out at the agency PRIOR to any medication being brought to day home, as per agency policy.**

***** Note to Parent - If your child is in good health and is able to return to day home, you must return this form (filled out and signed by a doctor) with any applicable paper work, before your child can return to day home.**

***** Note to Provider - You must submit this form and any applicable paper work no later than the last working day of the month.**

