OHANA FAMILY DAYCARE
MARIA LOPEZ FAMILY CHILD CARE

PRE-EXISTING CONDITION FORM

FACILITY NO. 376300282
PROVIDER NAME: MARIA LOPEZ

PARENT NAME: _____

CHILD'S NAME: _____

DATE OD OCCURRENCE: _____

PRE-EXISTING CONDITION (S) IS/ARE :

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PARENT SIGNATURE : _____ DATE: _____

PROVIDERS SIGNATURE :_____ DATE: _____