

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 OF OCCURRENCE: _____

PRE-EXISTING CONDITION (S) IS/ARE :

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

PARENT SIGNATURE : _____ DATE: _____

PROVIDERS SIGNATURE : _____ DATE: _____