

Our Lady of Hope Preschool and Extended Care

PARENTS HEALTH STATEMENT FOR SCHOOL- AGED CHILD

Childs Name	Birthdate
Health Statement (check one)	Immunizations (Check one)
<input type="checkbox"/> My child is in good health, can participate in group care, and has no special health or medical restrictions <input type="checkbox"/> My child is able to participate in group care but has special health considerations or activity restrictions as listed below.	<input type="checkbox"/> My child’s immunizations are up-to-date and on file with the child’s school. <i>(Please attach copy of immunization record)</i> <input type="checkbox"/> An appropriate immunization waiver is on file with the child’s school.
Special Health or Medical Requirements: <i>Please list any allergies, special medical conditions, including chronic health problems, behavioral disorders, special needs, etc.</i>	
PARENT OR LEGAL GUARDIAN SIGNATURE	DATE