

Child's Statement of Health Status

All child care facilities must retain a signed and dated statement of each child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Preschoolers must have this form filled out and signed by a licensed health care professional. Parents of school aged children may fill out and sign this form; it does not need a health care professional's signature.

Child's Name: _____ Sex: _____ Date of Birth _____

Address: _____

Past Illnesses: Please give approximate dates of when child had illness

_____ Chicken Pox	_____ Rubeola	_____ Rubella
_____ Rheumatic Fever	_____ Asthma	_____ Hay Fever
_____ Diabetes	_____ Mumps	_____ Epilepsy
_____ Whooping Cough	_____ Poliomyelitis	_____ Other

Comments: _____

Date of tuberculin test (if given): _____ Date of chest x-ray (if taken): _____

Vision Normal or Requires Corrective Lenses _____ Hearing Normal or Requires Aid _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring special attention: _____

Allergies: _____

Current Allergy Treatment(s): _____

Current Prescribed Medication(s): _____

*IF PRESCRIPTION MEDICINE IS TO BE GIVEN AT CAMP/SCHOOL YOU WILL NEED TO FILL OUT THE "INDIVIDUAL CHILD'S RECORD OF MEDICATION GIVEN" FORM (available at the front office). This record must be signed by the parent authorizing staff to administer medication. All prescription medicine must be given to your child's head camp counselor/teacher in its original prescription bottle and must be labeled with written permission from the doctor and the parent. This label must contain the child's name, physician's name, pharmacist, medication, dosage, frequency, starting date, and expiration date, if applicable.

Date of last examination of child: _____ (must be during previous 12 months)

Name of Health Care Professional: _____

Address (Include city/state/zip): _____

Phone Number: _____

Name of Child's Dentist: _____

Address: _____

Phone Number: _____

Name of Health Care Professional: _____

Parent Signature: _____ Date _____

(Required for school aged children)

****NOTE: Proof of Immunization is also required!**