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). 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 (Include city/state/zip): _____
Phone Number: _____
Parent Signature: _____ Date_____
(Required for school aged children)

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