



Y CHILD CARE
MEDICAL DECLARATION STATEMENT
SCHOOL AGE CAMP CARE

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____

D.O.B.: _____ Grade in September 2018: _____

Is your child under any medical/physical restriction? Yes No
If yes, check all that apply:

Asthma Hearing Loss Diabetes Convulsions

Other: _____

Is your child taking any medication? Yes No
If yes, please list:

Has your child been under a doctor's care or hospitalized for a specific condition?

Yes No

If yes, please explain:

Is your child allergic to any medications/food/insect stings? Yes No
If yes, please list:

Family Doctor's Name: _____

Telephone Number: _____

Address: _____

As a parent/guardian of the child listed above, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

Parent/Guardian Signature: _____ Date: _____