



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 2019: \_\_\_\_\_

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: \_\_\_\_\_