



PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

Required annually for any school-age student (5+ years) enrolled in a state-licensed program at Gymco.

Child's First Name	Last Name	Birthdate
--------------------	-----------	-----------

HEALTH

- My child is in good health, is able to participate in group care, and has no special health or medical requirements.
- My child is able to participate in group care but has special health or medical requirements as listed below.

IMMUNIZATIONS

- My child's immunizations **are** up-to-date, OR
- My child's immunizations **are not** up-to-date.
- My child's immunization record, or the appropriate waiver, is on file with his/her school.

Please list any allergies, special medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

- I object to a physical examination or medical treatment on religious grounds and assume responsibility for my child's state of health while at Gymco.

Parent or Legal Guardian Signature	Print Name	Date (MM/DD/YYYY)
------------------------------------	------------	-------------------