

# Health Information

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list: \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list: \_\_\_\_\_

\_\_\_\_\_

All medications MUST have a signed document from their physician as well as the Before and After Care medication permission form and must be in the ORIGINAL prescription bottle that has a pharmaceutical label providing the following information:

1. Date.
2. Name of Child.
3. Dosage.
4. Instructions for administering medication.

Is there anything our staff should be aware of concerning your child or children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

## GOOD HEALTH STATEMENT

By signing this statement, I certify that my child/children, \_\_\_\_\_,

\_\_\_\_\_, is/are in good health. His/her immunizations are up-to-date.

I assume responsibility for my child's health while he/she is at the center.

Parent Signature: \_\_\_\_\_

## Sunscreen/Insect Repellent Permission

\_\_\_\_\_ I give permission for Before and After Care to use sunscreen and insect repellent on my child as needed while they are in attendance.

## Field Trip Permission

\_\_\_\_\_ My child has permission to attend BAC sponsored field trips. I understand I will be notified of the destination, time, date, and method of transportation before the field trip occurs.

\_\_\_\_\_ My child has permission to attend spontaneous walking field trips throughout the school year and summer with BAC. I understand that each trip will take place within Sparta and children will always be accompanied by teachers. In the case of spontaneous field trips a note will be left on the child care room door listing where we have

## HANDBOOK/POLICIES & PROCEDURES

By signing this statement, I agree that I have received the handbook and will review and agree to abide by all policies and procedures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_