

Child Health & Immunization Statement

Troy Black Belt Academy, Inc.

After School Child Care

Summer Camp Child Care

Child's Name (Last, First, Middle Initial)

Program Enrollment:
(Check One)

After School Child Care

Summer Camp Child Care

Today's Date:

Statement of Health and Immunizations - To be completed by the parent.

Parent/legal guardian must initial all of the following that apply to child enrolled:

Health Status

My child is free from health conditions which could pose a risk to other children and adults and has no limitations or special needs regarding participation in daily activities.

My child has a health condition which could pose a risk to other children and adults and has limitations of participation or special needs or treatment while in care. Please describe below.

Immunization

My child has completed or is in progress of receiving immunizations as recommended by the Michigan Department of Health and Human Services

If not, please specify the reason:

Religion

Medical

Other

Limitations, Special Needs or Treatment:

I certify that I have read and understand this form. I certify that if my child's health changes, I will notify the Troy Black Belt Academy by updating this form.

Parent/Guardian Signature

Date

Date Card Reviewed

Parent/Legal Guardian
Initials

Date Card Reviewed

Parent/Legal Guardian
Initials

Date Card Reviewed

Parent/Legal Guardian
Initials

FUTURE USE ONLY