

**YMCA Child Care Services Department  
Parent/Guardian form on Health Records for School-Age Children**

Please read and sign this form and return it to the YMCA Child Care Site.

1. I hereby certify that my child is in good health and I accept responsibility for my child's health.
  - a. Are there any allergies, conditions, or health concerns we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Is your child on any medication? \_\_\_\_\_
  - c. Will any medication need to be given while your child is at the YMCA Child Care Program? \_\_\_\_\_
2. I hereby certify that my child's immunizations are up-to-date.
3. I hereby certify that my child's immunization record or appropriate waiver is on file with the child's school.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

