

DATE: _____



Health Statement Form

This form must be on file with BELA before your child's registration is complete.

Please submit a hard copy by mail or in person.

Child's Name _____
Last First Middle

Date of Birth _____

- This child has been examined and is in suitable condition to participate in group care. _____ Please initial!
- This child has the following limitations or Health Conditions (Including allergies, medications, dietary restrictions) that the school should be aware of. Please write "NONE" if not applicable.

• **Immunizations: Please Check**

Complete for age: Yes _____ No _____ In process: Yes _____ No _____

Exempt due to religious conviction: Yes _____ No _____ Medical Condition: Yes _____ Please Explain:

- **Please provide a dated copy of child's current immunizations. The state requires that licensed facilities have this on file. We do not have access to Imm Trac.**

Medical Professional Signature _____

Phone number _____

Address _____

Date of Exam _____