

The Children's Afterschool Center
Medical Declaration Statement for School-Age Child Care



Child's Name _____

School Grade (in September) _____ DOB _____

Is your child under any medical/physical restrictions? Yes No

If yes, check all that apply:

Asthma Hearing Loss Diabetes Convulsions

Other _____

Is your child taking any medication? Yes No

If yes, please list: _____

Has your child been under a doctor's care or hospitalized within the last three years? Yes No

If yes, please explain: _____

Is your child allergic to any medications/foods/insect stings? Yes No

If yes, please list: _____

On the back of this form, please list any and all Parent/school requested/required support for the physical, behavioral, or emotional needs of your child. We strive to make each camper's experience as positive and individualized as possible and this information is key to ensuring your child and other campers are given the appropriate care. Please contact the director for any further questions or requests.

Family Health Care Provider's Name _____

Phone _____

Address _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

Parent/Guardian Signature _____ Date _____

I hereby give consent for my child to participate in Adam and Danielle's Children's Center Program. I assume all risk in regard to participation in this program in which my child may participate. I release, indemnify, and agree to hold harmless Adam and Danielle's Children's Center Boonton, New Jersey, its directors, officers, coaches, and volunteers from any liability that may result from participation in Adam and Danielle's Children's Center.

I give permission for my child to be transported by Adam and Danielle's Children's Center Boonton, NJ, staff (or by the transportation company hired by the Adam and Danielle's Children's Center Boonton, NJ) to and/or from the child's school or planned field trips that Adam and Danielle's Children's Center may have stated on monthly calendar by my signature, I attest to the following:

That the information on this form is correct.

I give permission to Adam and Danielle's Children's Center to seek professional medical treatment for my child in the event that first I, then my "emergency contact", cannot be reached, and there is an emergency resulting in illness or injury to my child.

Parent/Guardian Signature: _____