

WEST BLOOMFIELD COMMUNITY EDUCATION DEPARTMENT  
SCHOOL AGE CHILD CARE PROGRAMS

**KIDS KLUB and TWEEN TIME HEALTH FORM**

A center shall obtain and keep on file within 30 days of initial attendance a signed statement on the state of the child's health based on an evaluation by a licensed physician or his or her designee, made within the preceding 12 months and every year thereafter. Restrictions, if any, on activities shall be stated by a licensed physician.

The West Bloomfield Community Education Department has asked for and been granted an exemption from this rule. In its place, we must request a signed statement by a parent or guardian for each child attending our KIDS KLUB & TWEEN TIME Program concerning the child's medical history and current medical problems.

My child: \_\_\_\_\_ attending \_\_\_\_\_  
Print Name of Child School Name

	CIRCLE RESPONSE	
	YES	NO
is in good physical condition	YES	NO
has had the necessary immunizations from communicable diseases	YES	NO
and that record is on file with the school	YES	NO

has had the chicken pox vaccination _____	YES	NO
<small>Date</small>		
has had the chicken pox _____	YES	NO
<small>Date</small>		

requires restriction on activities ..... YES NO  
 If YES, please specify:

uses medication ..... YES NO  
 If YES, please specify (the principal's office will supply the necessary forms needed for our staff to administer medication)

has allergies ..... YES NO  
 if YES, please describe:

Please give recent medical history: (date of last physical and tetanus shot)

If the Instructor has any medical concerns, you may be requested to produce a recent physical report.

\_\_\_\_\_  
 Parent or Guardian Signature  
Healthdoc 2017

\_\_\_\_\_  
 Date