

**ANNUAL PARENT HEALTH AND IMMUNIZATION STATEMENT FOR  
SCHOOL AGE CHILDREN**

Name: \_\_\_\_\_

Past Health History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Acute or Chronic Conditions: \_\_\_\_\_

Special Notations: \_\_\_\_\_

My child is healthy and free of any communicable diseases and may participate fully in the school age program. This update is good for one year from the date signed. My child's immunization records are on file at the school he/she attends. LCLC has unlimited access to these files.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PICK UP PERMISSION**

I hereby give permission for my child to leave the center with the following persons. It is the responsibility of the parentss to notify the center in writing of any changes. If there is a separation or divorce, custody situation that the center should be aware of, Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_