

**Wee Care Preschool & Daycare Inc.**

603 Route 9 Little Egg Harbor, NJ 08087

609 -296 -2606

**2017 Medical Declaration Statement for School-Age Child Care**

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

Date of Birth: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Is your child under any medical/physical restrictions? \_\_\_\_\_

If yes, check all that apply

Asthma

Hearing Loss

Diabetes

Convulsions

Other: \_\_\_\_\_

If your child taking and medications? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Has your child been under a doctor's care or hospitalized within the last three years? \_\_\_\_\_

Is your child allergic to any medications/foods/insect stings? \_\_\_\_\_

If yes please list: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_