

**Wee Care Preschool & Daycare Inc.**

603 Route 9 Little Egg Harbor, NJ 08087

609 -296 -2606

Year: \_\_\_\_\_

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.

Children to be transported to: Atlantic Care Regional Medical Center Located on Jimmie Leads Rd., Pomona NJ  
(per the center's request as long as emergency transport honors our choice)

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