



Babes in Toyland

885 E. Long Lake
Troy, MI 48085

[Http://www.troybabesintoyland.com](http://www.troybabesintoyland.com)

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Parent's Annual Health Statement for School-Age Child

Required annually for any school-age student (5+years) enrolled in state licensed program at
Troy Babes in Toyland

Child's First Name	Child's Last Name	Child's Birthdate

HEALTH

- My child is in good health, is able to participate in group care, and has no special health or medical requirements.
- My child is able to participate in group care but has special health or medical requirements as listed below.

IMMUNIZATIONS

- My child's immunizations are up-to-date, OR
- My child's immunizations are not up-to-date.
- My child's immunization record, or the appropriate waiver, is on file with his/her school.

Please list any allergies, special medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

- I object to a physical examination or medical treatment on religious grounds and assume responsibility for my child's state of health while at **TROY BABES IN TOYLAND**

Parent or Legal Guardian Signature	Print Name	Date (MM/DD/YYYY)