



SCHOOL-AGE ASSESSMENT & HEALTH FORM

(TO BE COMPLETED BY PARENT/LEGAL GUARDIAN)

Child's Name _____ Birth Date _____ Gender _____
 Address _____ Phone _____

Significant illnesses & surgeries child has had (give age & date):

Any special health-related needs of child (allergies, medications, injuries, etc.):

PHYSICAL ASSESSMENT

Has there been any vision, hearing or speech impediments that we should be aware of?

Is your child subject to any condition that would limit program and/or physical activities?

Is your child subject to any medical condition that may result in an emergency situation?

Other helpful information:

Parent/Legal Guardian Signature _____ Date _____