



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD**

SAVE

PRINT

RESET

**IDENTIFYING INFORMATION**

CHILD'S NAME

BIRTHDATE

**HEALTH STATEMENT (CHECK ONE)**

- My child is in good health, is able to participate in group care, 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.

**SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS**

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD**

SAVE

PRINT

RESET

**IDENTIFYING INFORMATION**

CHILD'S NAME

BIRTHDATE

**HEALTH STATEMENT (CHECK ONE)**

- My child is in good health, is able to participate in group care, 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.

**SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS**

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE