

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
MO 580-2851 (12-06) TO BE FILED IN CHILD'S BEC		BCC-6