

# All Saints Academy – Saints Club/ Eagles Club

## Health Maintenance Record

Currently, \_\_\_\_\_ is in good health.

My child is up to date on all immunizations: YES NO

If no, do they have a signed waiver? YES NO

Please list any health concerns that may influence your child's participation in the child care happenings. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies? YES NO

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking any regular medications? YES NO

If yes, please list medication and dosage:  
\_\_\_\_\_  
\_\_\_\_\_

Please note: If your child will be taking medications during child care hours, we must have a medical release that has been signed by your family physician on file.

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