



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

**IDENTIFYING INFORMATION**

CHILD'S NAME	BIRTHDATE
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**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.

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PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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