

Kids Club Medical Consent Form

Child's Name _____ Age _____

Birth date _____ Grade (11-12) _____

Is your child currently taking any prescription medication?

Does your child have any physical limitations or classifications we should be aware of?

Does your child have any behavior difficulties that the staff should be aware of?

Does your child have any allergies?

I attest that my child, is in good physical health and all immunizations are up to date and on file with his/her elementary school.

Doctor's Name _____ Phone _____

Doctor's Address _____

Additional Comments:

Parent Signature _____ Date _____