

**Carroll Area Child Care Center and Preschool  
Annual Parent Health Statement For School Age Children**

**Name:**\_\_\_\_\_

**Age:**\_\_\_\_\_

**DOB:**\_\_\_\_\_

**Status of present health:**

**Allergies:**

**Medications:**

**Acute chronic conditions:**

**Special notation:**

**My child is healthy and free of any communicable diseases and may participate fully in the school age program. This update is good for one year from the date signed.**

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**Signature of Parent/Guardian**

**Date**