

Health & Immunization Disclosure

Child's Full Name: _____

Date of Care: _____

To maintain a safe and healthy environment for all children and staff, we require the following health and immunization information:

Immunization Verification:

☐ I confirm that my child is up-to-date on all required immunizations as outlined by the California Department of Public Health.

☐ I have uploaded or provided a copy of my child's immunization record.

Health Status:

Please confirm the following:

☐ My child is not currently experiencing any of the following symptoms:

- Fever (100.4°F or higher)
- Persistent cough or difficulty breathing
- Vomiting or diarrhea within the last 24 hours
- Rash of unknown cause
- Conjunctivitis (pink eye)
- Any known contagious condition (e.g., flu, COVID-19, strep throat)

☐ My child has not had close contact with anyone known to be ill with a contagious illness in the past 48 hours.

Allergies or Medical Conditions:

☐ My child does not have any known allergies or medical conditions.

OR

☐ My child has the following allergies/medical needs:

Medications Provided (if applicable): _____

Instructions for Use: _____

Parent/Guardian Agreement:

I certify that the information above is accurate and complete to the best of my knowledge. I understand that failure to disclose health information may result in my child being denied care for the evening.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone Number: _____