

Coastal Kiddos
Health Form
(ONE FORM PER CHILD)

Child's name _____

Parents/Guardian names _____

Dates your child will be attending drop-off program(s) _____

HEALTH HISTORY

Child's age _____ Child's current grade level _____

Date of the last tetanus shot _____ Date of last health exam _____

Operations or serious injuries (dates) _____

Chronic or recurring illness(es) _____

Comments _____

MEDICAL CONDITIONS

Check any condition that applies and elaborate if necessary:

hay fever poison oak drug allergies food allergies* heart trouble
 asthma epilepsy bee/insect allergies medicine diabetes other
 _____ _____

*Some camps may use or eat food as part of the activity.

Does your child carry an Epi-Pen? _____ If yes, what is the allergy? _____

Comments on any checked items: _____

SPECIAL NEEDS

Dietary or mobility needs and/or restrictions _____

Current medications _____

California law requires children to be immunized. Children are exempt from immunization requirements only if a parent or guardian submits a written statement from a licensed physician (M.D. or D.O.)

By signing my name, I certify the above medical information is correct and that my Child(ren) are up to date with their immunizations.

Name of Parent/Legal Guardian (please print) _____

Signature of Parent/Legal Guardian _____

Date _____

