



Parent/Guardian Self-Certification of Health Records Form for School-aged Children

Please read and sign this form. Please return this form to the Community Learning Center.

1. I hereby certify that my child is in good health and I accept responsibility for my child's health.

a) Are there any allergies, health conditions, or health concerns the CLC should be made aware of?

b) Is your child on any medications? Yes No If so, please list all medications your child takes.

c) Will any medication need to be given to your child while at the Community Learning Center? Yes No

If so, what medication(s) and how often? _____

2. I hereby certify that my child's immunization record or appropriate waiver is on file with my child's school. I also give permission to the Community Learning Center to retrieve my child's immunization record on the Health Department Immunization records website.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____