

The Beginners Inn Childcare And Learning Center

STATEMENT OF GOOD HEALTH

I, _____ as Parent/ Legal Guardian of _____ am verifying in the best of my knowledge that the above-mentioned child is in general good health to attend The Beginners Inn Childcare & Learning Center Day Camp.

Please list any medications or drugs, which the above-mentioned child will need to take regularly while in our care:

Please list any allergies, food restrictions or unusual medical problems of which the staff should be aware:

List any activity restrictions the above child may have:

Parent/ Guardian Signature _____ Date _____

Home Address _____

Street Address

City

State

Zip