



Annual Parent Health Statement School Age Children

Today's Date:

Name of Child:

DOB:

Age of Child:

Past Health History:

Status of Present Health:

Allergies:

Medications:

Acute or Chronic Conditions:

Special Notations:

Recommendations for Continued Care (When Necessary):

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.

Parent/Guardian Signature

Phone Number

An Iowa Department of Public Health Immunization Certificate is on file with Panorama School District. (If not, an immunization card must be filed with center).

Parent/Guardian Signature

Phone Number