

Kids' Care Program

Child's Name: _____ School: _____

Please sign and return the following form. This form ***must*** be completed before your child may start Kids' Care.

1. Does your child require any medication that would have to be given during Kids Care hours?
_____ if so, please fill out the medication permission and instruction sheet.
2. Does your child have any allergies? _____
 - a. If so list any allergies: _____
3. My child is in good health.
 - a. Signature _____ Date _____
4. My child's immunizations are up to date.
 - a. Signature _____ Date _____
5. My child's immunization record is on file at my child's school.
 - a. Signature _____ Date _____
6. My child is able to do all activities with the Kids' Care. Yes or No
If no, please explain:

7. I give permission to have sunscreen applied to my child: Yes or No
 - a. Signature _____ Date _____
8. I allow my child to watch PG movies with Kids' Care. Yes or No int. _____
9. As part of our program, there will be times that we take the kids outside to play and to get exercise. In order for them to be allowed to play on the playground equipment during the before and after school hours of Kids' Care, you need to sign this form understanding that the playground equipment has not been inspected or approved by the state. X _____
10. **I allow pictures to be taken of my child during Kids' Care and used on Cable TV, Districts Website, Literature regarding Kids' Care, Newspaper.**

Signature _____ Date _____