



Parent/Guardian form on Health Records for School-Age Children

Please read and sign this form and return it to Kids Korner.

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, conditions, or health concerns we should be aware of?

b. Is your child on any medication? _____

c. Will any medication need to be given while your child is at Kids Korner? _____

I hereby certify that my child's immunization record or appropriate waiver is on file with the child's school. I also give permission to Camp Summer Fun to retrieve my child's immunization record on the Health Department immunization records website.

Child's Name: _____ Birth date: _____

Parent/Guardian Signature: _____

Today's Date: _____