

Health Information

Does your child have any health problems of which we should be aware, such as:

Bee Sting Convulsions (Epilepsy) Asthma

Diabetes Heart Condition Other

Allergies or health concerns (Please list)

Does your child take medication(s) regularly? Y N

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

Describe any known medical history that is important to know for medical treatment: _____

I agree to pay all the costs and fees associated with any emergency, medical, and/or dental care for my child as secured or authorized under this consent. This consent will be in effect beginning August 19th and continue while the child is enrolled in Impact.

Parent/Guardian Signature _____

Date _____