

Trojan 6 to 6 Student Information Statement of Health

Student Name: _____

The following people have permission to pick up my child from Trojan 6 to 6 Extended Care:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please answer the following questions:

1. I give permission for photographs/images of my child to be used while attending Trojan 6 to 6 Extended Care. **(Please check one.)**

Internal publications, center bulletin boards, classroom activities, and local media such as newspapers and television.

DO NOT include my child in any photographs/images.

2. I hereby certify that my child is free of communicable diseases and in good health.

YES NO

I have noted any allergies, chronic conditions or medications:

3. I certify that my child's immunization record is available in their school health file.

YES NO

4. I hereby authorize the staff of the Trojan 6 to 6 Extended Care to consent to medical care for my child, until I can be reached, in the event of a medical emergency while by child is attending.

YES NO

Primary Physician's Name

Primary Physician's Address

Primary Physician's Phone Number

5. My child may have insect repellent applied as described in the handbook, using the repellent provided by the center.

YES

NO*

**If no, please make sure you provide the staff with your own insect repellent in original container with your child's name clearly labeled.*

6. My child may have sunscreen applied, or apply his/her own sunscreen, as described in the handbook, using sunscreen provided by the Trojan 6 to 6 Extended Care program.

YES

NO*

**If no, please make sure you have provided the center with your own sunscreen in original container with the child's name clearly labeled.*

Parent/Guardian Signature: _____ **Date:** _____