

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
HEALTH STATEMENT (CHECK ONE)	
My child is in good health, is able to participate in group care, has no special health or medical requirements.	
My child is able to participate in group care but has special health or medical requirements as listed below.	
SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS	
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS,	
SPECIAL NEEDS, ETC.	
PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
MQ 580-2851 (12-06) TO BE FILED IN CHILD'S BEC	OBD AT CHILD CABE FACILITY BCC-