

SUMMER CHILD CARE CHILDREN'S HEALTH FORM (continued)

B. What medications is your child using? _____.

C. Is your child under any form of treatment or observation? If so describe. _____

_____.

D. Is your child able to participate in usual group activities: Yes ____ No ____

E. Are there any restrictions required for your child in this program: Yes ____ No ____
If you answered "Yes", describe: _____
_____.

F. IMMUNIZATION RECORD

If your child has been attending an Anchorage School District Elementary School, or a private elementary school under the direction of the Alaska Department of Education, please fill out the following:

Name of School _____ Location _____

<u>Date of Immunization</u>	<u>Date of Immunization</u>	<u>Date of Immunization</u>
1. DPT _____	1. OPV _____	1. MMR _____
2. DPT _____	2. OPV _____	
3. DPT _____	3. OPV _____	
4. DPT _____	4. OPV _____	
5. DPT _____		

If your child attended a school outside of the Anchorage School District, please provide a document of immunizations.

G. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____