

ACTIVE ZONE KIDS
HEALTH AND MEDICAL INFORMATION

Child's Full Name: _____ Birth Date: _____

Parent's Signature: _____ Date: _____

Child's Allergies (please include food, animal or other allergies):

Health of Medical Concern / Special Needs:

List Any Current Medications:

Immunizations:

According to Idaho law, unless you request your child to be exempt from immunization for medical, religious or personal reasons, your child must be up-to-date on their immunization.

Is your child immunized? Yes () No () Up-to-date shots? Yes () No ()

**** A copy of your child's immunization record must be attached to this form ****

Sunscreen Consent:

I hereby give Lisa Wiseman permission to apply sunscreen to my child's skin in accordance with the instructions on the sunscreen container. I release Lisa Wiseman from any liability relating to applying sunscreen to my child's skin.

Parent Signature: _____ Date: _____