



FIRST ASSEMBLY OF GOD CHILDEVELOPMENT CENTER

STATEMENT OF HEALTH STATUS

Child's Name: _____

Age: _____

Date of Birth: _____

By signing this statement, I, parent / guardian of _____, am verifying that my child is free of any communicable diseases at this time. I understand that it is my responsibility to notify First Assembly of God Child Development Center if my child does contract a communicable disease.

I also specify below any allergies, regular medications or medical conditions:

Signature of Parent or Guardian

Date