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MEDICAL CLEARANCE FORM

This form must be completed for each camper. COPY OF IMMUNIZATION RECORD MUST BE ATTACHED.

Child's Name: _____

Age: _____ Birth Date: _____ Grade: _____

HEALTH, ALLERGY, OR DIETARY CONCERNS: PLEASE BE AS SPECIFIC AS POSSIBLE

Does your child have any current health conditions? _____ Yes _____ No

If yes, please describe.....

Does your child have any physical limitations? _____ Yes _____ No

If yes, please describe.....

Does your child have any allergies? _____ Yes _____ No

If yes, please list allergy and treatment if any.....

Is your child currently taking any medication? _____ Yes _____ No

If yes, please list Medication & Dosage.....

Does your child have any special dietary requirement? _____ Yes _____ No

If yes, please describe.....

Medical form must be signed, dated by a medical physician.

**Child's Name _____ had
a physical exam on _____ and his/her immunization
records are current. This child is able to attend class/camp.**

Physician's signature or stamp

Date