

Child Care Medical Clearance

Name of Child Care Site:

YMCA/JCC AfterSchool Adventure

Child's Name/DOB: _____

This is to certify that the above listed child is in good health and in suitable condition for participation in group care.

List any limitations or health conditions:

My child's immunization records are up to date or appropriate waivers are signed on school file.

Signature of parent or guardian/Date: