

DATE: \_\_\_\_\_



## Health Statement Form

This form must be on file with BELA before your child's registration is complete. You can email a scanned copy to [rmueller@bridgepointbible.org](mailto:rmueller@bridgepointbible.org). or deliver a hard copy.

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

- This child has been examined and is in suitable condition to participate in group care. \_\_\_\_\_ Please initial!
- This child has the following limitations or Health Conditions (Including allergies, medications, dietary restrictions) that the school should be aware of. Please write "NONE" if not applicable.  
\_\_\_\_\_  
\_\_\_\_\_

• Immunizations: Please Check

Complete for age: Yes \_\_\_\_\_ No \_\_\_\_\_ In process: Yes \_\_\_\_\_ No \_\_\_\_\_

Exempt due to religious conviction: Yes \_\_\_\_\_ No \_\_\_\_\_ Medical Condition: Yes \_\_\_\_\_ Please Explain:  
\_\_\_\_\_  
\_\_\_\_\_

- **Please provide a dated copy of child's current immunizations. The state requires that licensed facilities have this on file. We do not have access to Imm Trac.**

Medical Professional Signature \_\_\_\_\_

Phone number \_\_\_\_\_

Address \_\_\_\_\_

Date of Exam \_\_\_\_\_