



## Hawkeye Kids Program Health Information Form

\_\_\_\_\_  
Child's Name:

\_\_\_\_\_  
DOB:

*Please initial each statement below to indicate that you have read & confirmed each of the following statements:*

\_\_\_\_\_ The child is in good health with activity restrictions noted.

\_\_\_\_\_ The child's immunizations are up-to-date.

\_\_\_\_\_ The immunization record or appropriate waiver is on file with the child's school.

\_\_\_\_\_ I authorize the Hawkeye Kids Program staff to administer topical non-prescription medication, including but not limited to triple antibiotic ointment, sunscreen, and insect repellent to my child.

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date: