



BILINGUAL BUDS
immersion school for children

Health Certification Form
(Elementary school age children 6+yrs only)

Note to Parents: This form should be signed by the parent. We are also required to have an up-to-date immunization record on each child. Please submit this information as soon as possible.

Required Health Information for my Child (Afterschooler)

Child's name: _____ is enrolled in a public or private school and,

1. is in good health and can participate in normal school activities. (If not, please describe):

2. has the following special medical needs or conditions (please check off/describe all that apply):
 - a. _____ Needs medical treatment. Please describe: _____

 - b. _____ Special diet. Please describe: _____

 - c. _____ Allergy. Please describe: _____

 - d. _____ Rest/avoidance of other activities. Please describe: _____

 - e. _____ Other needed care. Please describe: _____

3. Immunization record attached: Yes / No

4. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached I hereby authorize Bilingual Buds, LLC, to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I understand that the staff members are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

5. In the case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent.

Emergency contact name _____ Phone _____

Relationship to child _____

Parent Signature _____ Date _____