

# Parental Health Declaration Form for Minors

The **parental health declaration form** for minors is a crucial document used to provide accurate medical information about a child's health status. It ensures that parents or guardians disclose any relevant health conditions before participation in activities or medical treatment. This form helps safeguard the child's well-being by facilitating informed decision-making.

Child's Details

Full Name of Child:

Date of Birth:

Gender:

Select

Parent/Guardian Details

Full Name:

Relationship to Child:

Contact Number:

Health Information

Does the child have any medical conditions (e.g. asthma, allergies, diabetes)?

List conditions, if any. If

Is the child on any medication?

List medications, if any. If

List any allergies (foods, medicines, etc.):

List allergies. If none, type 'None'

Has the child had any recent illnesses, surgeries, or injuries?

Describe. If none, type 'None'

Emergency Contact

Emergency Contact Name:

Emergency Contact Phone:

Declaration

I, the undersigned, confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that withholding relevant health information may put my child at risk.

☐ I agree to the above statement.

Signature of Parent/Guardian:

Date:

Submit