



## Bread of Life Christian Children's Center

2780 Lomita Blvd Torrance, CA 90505 | 310-602-0185 ext. 230 | Facility No. 19749538

### BOLCCC Health Background for Participation in School Age Activities

#### California Title 22 Compliance

This form is used to collect health information related to a child's ability or inability to safely participate in child care center activities.

#### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Health Background Related to Participation

Please describe any health conditions that may affect your child's ability to participate in daily activities such as outdoor play, physical movement, group activities, meals, field trips, or special events.

☐ No known health conditions that limit participation

☐ Yes (Please explain): \_\_\_\_\_

#### Activity Limitations or Special Considerations

Please indicate any restrictions, accommodations, or supports your child may need:

☐ Limited physical activity (please explain): \_\_\_\_\_

☐ Allergy considerations: \_\_\_\_\_

☐ Medical conditions (e.g., asthma, seizures, diabetes, etc.): \_\_\_\_\_

☐ Temporary limitations (injury, recovery, etc.): \_\_\_\_\_

☐ Other special instructions: \_\_\_\_\_

#### Emergency & Safety Considerations

Please share any important information staff should know to keep your child safe during activities: \_\_\_\_\_

#### Parent/Authorized Representative Acknowledgment

I certify that the information provided above is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Authorized Representative Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Parent/Authorized Representative Signature

\_\_\_\_\_  
Date