



Southington-Cheshire Community YMCAs

Request to Transfer Health Assessment Form

I request that a copy of the Health Assessment for my child _____

on file at _____ be forwarded to _____ .
(Program Name) (Program Name)

I believe that the medical information on the form is up-to-date, and that the physical is within the approved time frame for the program. If there has been any change in my child's health, I will complete a copy of page one of the Health Assessment (parent section) and forward it to the new program. I acknowledge that it is my responsibility to provide accurate, complete, and up-to-date health information to insure the health and safety of my child.

Parent Name _____ Phone Number _____

Parent Signature _____ Staff Initials _____