



## 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 have been any changes in my child's health since the form was completed, I will complete a new Part 1 Parent Section of the Health Assessment Record 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 \_\_\_\_\_