

Good Health Statement For School Aged Children

I, _____ state that my child
Parent Name
_____ is in good physical and
Child's Name
mental health.

** I also state that my child is either up to date on their shots or I choose not to immunize them.

** The immunization record or waiver is on file at my child's school.

** Please list any restrictions that might affect your child's participation in the program such as allergies, asthma or developmental issues.

***Please state where inhalers or other emergency medications will be located/accessible to the child and directions for use.

Parent Signature: _____ Date: _____



Confirm Annual Review Below



Initial & Date

Initial & Date

Initial & Date

Initial & Date

Initial & Date