

## School Age Child Good Health Statement For Children Ages 5-12

I hereby certify that my child \_\_\_\_\_, d.o.b. \_\_\_\_\_, is in good health.

My child has the following health or physical restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

My child's physical and immunizations (or waiver) are up to date and on file at (child's school) \_\_\_\_\_  
\_\_\_\_\_ in (city, state) \_\_\_\_\_ where  
my child is enrolled full time in grade \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date