School Age Child Good Health Statement
For Children Grades 1 - 7

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