

School Age Child Good Health Statement For Children Grades I - 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