School Age Health Statement

This form is intended for 5 years and older children

Date: _____

Child's Name: _____

Child's Date of Birth: _____

My Child, _____ is in good Health.

Activity restrictions, if any:
_____
_____
_____.

My Child _____ immunizations are up to date, or I have signed the appropriate waiver.

My Child _____ immunization record or signed waiver is on file with his or her school.

Parent or legal guardian Signature: _____

Date: _____