

Child Health Statement

_____ is, to the best of my knowledge, in good health.

(Print student's name)

I will be responsible for my child's health while he/she is in SACC. Health records and immunization records are up to date and are on file in the school office.

I will provide lunch for my child on the required days, half days. Please be advised that, on occasions, I may choose to provide a snack for my child.

Parent/Guardian Signature

Date