BEFORE AND AFTER CARE CHILD HEALTH STATEMENT

I confirm that my child attending Before and After Care to be in good health with activity restrictions noted.

I confirm my child's immunizations are up to date and the immunization record or appropriate wavier is on file with the school.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Please note any restrictions in the space below:

_____

_____

_____

_____

_____