



Statement of Good Health-School Age Child

I confirm that my child is in good health and there are no restrictions to them being in child care. I assume responsibility for my child's state of health while at the center. My child's vaccines are up to date. My child's vaccine record or appropriate waiver is on file at my child's school.

Child's Name _____

Enrollment Date _____

Parent's Name _____

Parent's Signature _____

Date Signed _____