Parental Statement of Immunizations and Health for School Age Children

This is to verify that my child,________,enrolled in the school-age program is in good health and meets all of the health requirements of the elementary school that he/she attends. I also understand that I am responsible for my child's health while at the school.

Please list any health restrictions or allergies that your child may have:

Please list any medications that your child is taking:

Reason:

Immunization Records: On file in the school office.

Parent/Guardian Signature_____Date:_____Date:_____

Date card reviewed	Parent or guardian initials						

Date card reviewed	Parent or guardian initials						