



STATEMENT OF HEALTH

My Child(ren): _____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

Is (are) in good physical health (circle one): YES NO

My child(ren)'s immunizations are up to date and a waiver or immunization record is on file at my child(ren)'s school.

Please list any activity restrictions or N/A is not applicable:

Parent Signature

Date