



## Statement of Good Health

I state that my child, \_\_\_\_\_, is of good health and without any restrictions to participate in the program activities at the \_\_\_\_\_ Center.

All immunizations (or waivers) are up to date and kept on file at my child's school.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date