



Child's Name _____ Date _____



According to R.400.8143 (8) I state that my school age child...

_____ is in good health with no limitations or special needs regarding daily participation activities.

_____ has a health or handicapping condition which could pose a risk to my child in care and I have attached a statement indicating the limits of participation and any special needs or treatment while in care.

_____ is free from health conditions which could pose a risk to other children or adults.

_____ immunizations are up-to-date

_____ immunization record or appropriate waiver is on file with the child's school

Parent Signature: _____