School Age Child Good Health Statement

l,	, parent of child,
	, certify that my child is in
good health.	
My child has the following physical restric	ctions:
My child's immunizations (waiver) are up	to date and on file at
School in	, Michigan.
 Parent Signature	 Date
i alent signature	Date
Parent Signature	Date
Parent Signature	Date
Parent Signature	 Date
· ·	
Parent Signature	Date