



SCHOOL – AGE CHILD HEALTH STATEMENT

Child's Name: _____ D.O.B. ____/____/____

Date of Admission: ____/____/____

I, _____, confirm that
Print parent name

Please initial

1. My child is in good physical health with no activity restrictions _____
Initial

2. My child is in good physical health with the following activity restrictions:

3. My child's immunizations are up-to-date _____
Initial

4. Date of child's last physical examination ____/____/____

Parent/Guardian Signature: _____

Date: _____