

2018-2019
ST.AUGUSTINE LATCHKEY PROGRAM
SCHOOL-AGE CHILD
GOOD HEALTH STATEMENT

I, _____, parent/guardian of

Please print

certify that my child/ren is/are in good health.

The child/ren's activities should be restricted because of these physical defects or illnesses.

My child's immunizations/waiver are up to date and on file at St. Augustine School in Richmond, MI.

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Parent Signature

Date