

# St. Michael's ECC School Age Child Care Health Statement



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Child's Name: \_\_\_\_\_

My child is in good health and free from communicable disease or illness. My child's immunization record or waiver is on file and up-to-date at the school where he or she is enrolled.

My child has the following health or activity restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When I provide a lunch from home for my child, the lunch will include at least one protein and one fruit or vegetable.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date