



**2011-2012**  
**Kazoo School Health Verification Form**  
**( Preschool through 8<sup>th</sup> grade )**

I, \_\_\_\_\_, agree to accept full responsibility for my child's health.  
Parent or Guardian

My child is free from any communicable disease or illness and has my permission to participate in all Kazoo School (including Auxiliary) Program activities. If there are any restrictions, please state here:

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The date of \_\_\_\_\_ last physical exam was \_\_\_\_\_  
Student's name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date