



SCHOOL-AGE HEALTH STATEMENT

To comply with Michigan licensing regulation 400.8143(8) - Children's Records, school-age parents must complete and sign the following document upon enrollment and annually thereafter to confirm the following:

- a) My child is in good health with any activity restrictions listed below

- b) I will notify the center of any accidents, illnesses, allergies, medications, or health restrictions that my child may incur that result in changes to my child's health. List here:

- c) My child's immunizations are up-to-date

- d) My child's immunization record or appropriate waiver is on file with the child's school.

Child's Name: _____

Parent's Name: _____

Parent's Signature _____ Date: _____

Annual Updates

| Parent's Signature | Changes to child's health | Date |
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