

# School Age Health Statement

Child's name: \_\_\_\_\_

Child's School: \_\_\_\_\_

I, \_\_\_\_\_, hereby state that my school age child:  
(parent/guardian name)

- Is in good health
- Is up-to-date with his/her immunizations or has secured a waiver through the Health Department
- Has records up-to-date at his/her school

By signing below, I certify that the above statements are true to the best of my knowledge.

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parent/guardian signature

Date