

Shaneann's Childcare LLC STATEMENT OF HEALTH

Please fill out *one* of the following

I, _____, assure that my child,
_____, is in good health and free of activity
restrictions.

2) I, _____, assure that my
child, _____, is in good health.

Activity restrictions: _____

3.)I, _____, assure that my child,
_____, is not in good health and has activity restrictions.

Explanation: _____

R 400.5305: My child's immunization records are on file at School
Parents signature _____

Parent's Signature

Date