



Statement of Good Health

I, _____, Parent of
(Parent Name)

_____, certify that my child is in
(Child Name)

good health. My child has the following physical

restrictions: _____

My child's physical form and immunizations (waiver) are up
to date and on file at _____

in _____ Michigan.
(City Name) (School Name)

Signed: _____
(Parent Signature)

Accepted by: _____
(Center Director Signature)