



Statement of Good Health

I state that my child, _____, is of good health to participate in the school age and or summer program activities at The Tree House Child Care Center.

- I state that my child doesn't have any activity restrictions.
- I state that my child has the following activity restrictions: _____

I state that all immunizations (or waivers) are up to date and kept on file at my child's school.
My child attends (name of the school) _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date _____