



## 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 \_\_\_\_\_