



School Age Statement of Good Health

It is a requirement of the State of Michigan that Blackbird Child Care Center obtains and keeps an annually updated copy of a signed statement of good health.

Child's Name

Birthdate

My child is in good physical health. They may participate in any indoor/outdoor activities while in the care of Blackbird Child Care Center. ___ Y ___ N

If you answered no, please list any restrictions below:

My child's immunizations are up to date: ___ Y ___ N

My child's immunization record, or appropriate waiver is on file at their school: ___ Y ___ N

Parent Signature

Date

Director's Signature

Date