



## Statement of Good Health

My child, \_\_\_\_\_, is in good health.

All of my child's immunizations are up-to-date and a current immunization record, or the appropriate waiver, is on file in my child's school office.

I understand that I am responsible for my child's state of health while my child is at Japhet School.

*Please list any activity restrictions your child may have:*

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_