



## 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.

*If there is a diagnosis that requires accommodation such as a vision disorder, learning disability, physical condition that limits activity, or other, please explain here and attach documentation for Japhet School files.*

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

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