



Yearly School Age Health Appraisal

1-2-14

For the purpose of being cared for at *For Kids Sake Early Learning Center*, this note certifies that my school age child/ren _____ is/are in good health, restrictions will be noted below, immunizations are up to date, and an appropriate immunization record/waiver is on file with the child's school.

Notes:

Signed _____

Relationship to the child/ren _____

