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Yearly School Age Health Appraisal

9-1-17

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 _____ Date _____

Relationship to the child/ren _____