

St. Mary



Catholic School

## Latchkey Program

### Parent Assurance of Health and Immunizations

#### R 400.5305 Health Records

Upon enrollment and annually thereafter, the center shall obtain and keep on file at the center a signed statement from the school-age child's parent all of the following:

1. The child is in good health with activity restrictions noted.
2. The child's immunizations are up-to-date.
3. The immunization record or appropriate waiver is on file with the child's school.

Child's Name \_\_\_\_\_



My child is in good health. Note the following activity restrictions: \_\_\_\_\_

\_\_\_\_\_



My child's immunizations are current.



My child's immunizations record or appropriate waiver is on file in the St. Mary School Office.



My child's immunizations record or appropriate waiver is on file in my child's school (please note if different than St. Mary) \_\_\_\_\_

I confirm that the above checked statements are true.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_