Latchkey Program
Parent Assurance of Health and Immunizations

Catholic School

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 ________________________________