

School Age Statement of Good Health

By signing this form you are indicating that your school age child has an up-to-date immunization record and health appraisal on file at their elementary/middle school. This signed statement serves as a replacement to keeping your child's immunization record and health appraisal on file at Jumpstart. However, it continues to be important for Jumpstart to know of all health related concerns and restrictions. Please list below all health related concerns, restrictions, and medications taken/reason for taking them. **If there are no concerns, restrictions, or medications please indicate this below.**

Health Concerns, Restrictions, & Medications/Reasons for Taking Them

Parent Signature & Date

Program Director Signature & Date