

**STATEMENT OF GOOD HEALTH**

This acknowledges that my child \_\_\_\_\_ DOB \_\_\_\_\_  
who attends **Community Day Care/Kids Club**, a program licensed by the Department of  
Consumer and Industry Services Child Day Care Licensing Division, is in good health.  
Further any health restrictions, allergies, medications taken by my child, or any other  
needs are noted below.

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IMMUNIZATIONS**

This acknowledges that my child \_\_\_\_\_ DOB \_\_\_\_\_  
who attends **Community Day Care/Kids Club**, a program licensed by the Department of  
Consumer and Industry Services Child Day Care Licensing Division, has their  
immunizations up to date and the immunization record or appropriate waiver is on file  
with the child's school.

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_