Statement of Good Health

I certify that my child	is in excellent health and free
(Print child's name)	
of communicable disease. They may partici	pate in all normal activities at the center.
All vaccinations are current and up to date.	
Parent Signature	Date
Statement of	f Good Health
I certify that my child(Print child's name)	is in excellent health and free
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All vaccinations are current and up to date.	
Parent Signature	Date