



**ELEMENTARY PROGRAMS
(EXTENDED DAY/SUMMER FUN)**

HEALTH INFORMATION FORM

To Whom It May Concern:

1. My child, _____

is in good health

is not in good health

Activity restrictions: _____

2. My child's immunizations:

are up to date

are not up to date

3. The immunization record OR appropriate waiver:

is on file with his/her elementary school

is NOT on file with his/her elementary school

Parent Name: (print) _____

Parent Signature: _____

Date: _____