

Immaculate Heart of Mary School Child Care Center

Parental Written Statement Regarding the Health & Well Being of Child

one form per child required

I hereby acknowledge the following statements to be true regarding my child,

_____ :

- My child is in good physical health.
- My child's immunizations* are up-to-date and on file with IHMS in the office.
- My child is able to participate in the Child Care Program.
- Any health restrictions will be noted below.

Please list any health restrictions.

Parent Signature

Date

*Or the appropriate waiver is on file in the office.

Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials