

**PHYSICAL HEALTH IMMUNIZATIONS
PARENTAL ACKNOWLEDGEMENT
FOR SCHOOL AGE PROGRAMS**

This acknowledges that my child, _____,
(date of birth _____) who attends St. Mary School
Latchkey, a school age program licensed/approved by the State of Michigan, is in
good health and his/her immunizations are current.

Further, any health restrictions, allergies, medications taken by the child, or any
other needs are noted below:

Parent Signature

Date