

**Sacred Heart Latchkey Program
School Age Health Verification Statement**

According to the State of Michigan Child Care Licensing Regulations, the following information shall be provided to the center by the parent and be kept on file in the center.

I, _____, verify that my child,
_____, D.O.B. _____

is to the best of my knowledge in good health and free of communicable disease and has had all required immunizations.

Activity Restrictions (if any):

Parent/Guardian Signature

Date