



SCHOOL AGE CHILD STATEMENT OF GOOD HEALTH

I, _____, parent or legal guardian
of _____, attest that he/she is in
good health and able to participate in daily activities.

Please indicate any physical restrictions your child may have
below.

Signature of Parent or Legal Guardian

Date

This information is requested in accordance with the State of Michigan
Department of Consumer and Industry Services Child Daycare Licensing rule
R400.5112 (c).