

# School Age Health Record

My Child, \_\_\_\_\_, is in good health and all immunizations are up to date. My child is enrolled at \_\_\_\_\_, and an immunization record is on file there.

Any activity restrictions are noted below.

---

---

---

---

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_