



**Light of Christ Academy  
After-School Care  
School Age Child  
Physical Health Form - R 400.5305 (1)**

- My child, \_\_\_\_\_, is in good health.
- My child, \_\_\_\_\_, has the following health concerns and/or restrictions:

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\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

- My child, \_\_\_\_\_, is up to date on his or her immunizations and a record is on file with Light of Christ Academy, or I have provided the required immunization waiver paperwork.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date