



St. Gerard Child Care

4433 W. Willow Hwy. * Lansing, MI 48917 * PH 517.853.0744 * EMAIL dgutierrez@stgerardlansing.org

Children's Records: Statement of Good Health

Child Care Organization R 400.8143(8)

Michigan Dept. of Licensing and Regulatory Affairs

**PLEASE
LIST ONE
CHILD
PER FORM!**

All child care centers must obtain, upon enrollment and annually thereafter, a signed health statement from a school-age child's parents/guardians. Please ✓ all that apply in the appropriate boxes listed below.

Child's Name: _____

Please select all that apply:

My child is in good health without any medical conditions or activity restrictions to note.

My child is in good health, but has the following medical conditions and activity restrictions:

My child's immunizations are up-to-date and on file in my child's school office. I understand that if my child does not attend school at St. Gerard, I must provide an up to date copy of my child's immunizations at child care enrollment.

I have an immunization waiver on file in the school office.

I certify that the appropriately selected statements above are correct for my child. In the event that any of this information changes, I will inform the child care center in writing immediately.

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____ **Date:** _____