

Health Waiver Statement for Before & After School Program
2010/2011 School Year

Dear Parents,

The purpose of this statement is to verify that your child is in good health and up-to-date on his/her immunizations. If your child has any health concerns that we should be aware of while she/he is in our care before and/or after school, please specify below.

In the afternoon, the students will be allowed time to play outside on the school playground. The school has taken safety precautions when installing new equipment and updating older equipment, but all equipment may not meet the standards per Day Care licensing guidelines.

Student Name _____

Parent Signature _____ Date _____

Health Concerns _____
