



# School Age Health Waiver

My child \_\_\_\_\_

(child's name)

Is in good physical condition and has no limitations \*. His/her immunizations are up to date and on file with his/her school.

\_\_\_\_\_

(parent signature)

\_\_\_\_\_

(date)

\*If there are limitations, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_