



**HEALTH CERTIFICATION**

I certify that \_\_\_\_\_  
Child's First and Last Name

- Is in good health

- No activity restrictions
- Activity restrictions as outlined below

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- Immunizations are up to date
- A record of immunizations or a waiver form is on file at Plymouth Christian Academy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Note: This statement must be signed annually and kept in the student's after school care file.