



**HEALTH CERTIFICATION**

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

- Is in good health

No activity restrictions

Activity restrictions as outlined below

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

- 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.