



TOGETHER

Good Health Statement 2010-2011

I, _____ verify that my child,
Parent/Guardian Name

_____, is in good health and
Child's full name

his/her immunizations are up-to-date. I assume
responsibility for my child's state of health while at

Ferndale Public Schools Child Care.

The following activity restrictions apply to my child:

1. _____
2. _____
3. _____

___ Yes, my child will need to take medication during
child care hours.

___ No, my child does not need to take medication
during child care hours.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

*Please make an appointment with the Child Care Program Director, Gretchen
Abrams, to discuss any special circumstances in regards to the health of your child.
She can be reached at **248.548.1950.**