



Madonna Mrocca, provider
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M & M Daycare

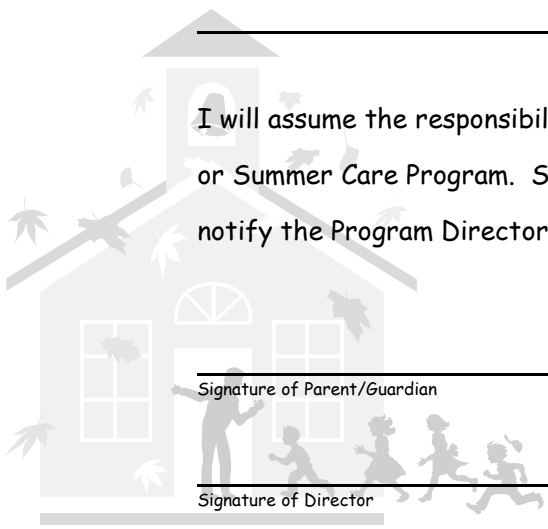
Parental Health Statement

I attest to the fact that my child _____ is in good physical health, there are no changes in his/her physical condition since receiving a physical on _____ (date), and his/her immunizations are up-to-date. My child's school, _____, has a copy of said immunization records on file.

He/she is physically able to participate in the activities involved in the Before/After School or Summer Care Program, and is free from any illness or communicable disease at this time. His/her specific limitations include: _____

_____.

I will assume the responsibility for my child's health while in Before/After School Care or Summer Care Program. Should any of the above conditions change, I will promptly notify the Program Director and staff.



Signature of Parent/Guardian Date

Signature of Director Date

Note to Parents:
**This statement is only applicable to participants in our program who are of school age. Licensing guidelines require our preschool students to present a doctor's report of health in order to participate in our program.*

Building your child's confidence through a loving environment with structure, play, learning & FUN!

