



1370 BEECH STREET • EAST LANSING • MICHIGAN • 48823 • 517.336.0422

## Elementary Statement of Health

Date: \_\_\_\_\_

\_\_\_\_\_ is in good health and has:  
Child's Name

No activity restrictions

Has activity restrictions, as listed below:

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

My child's immunizations are up to date

My child's immunization record or appropriate waiver is on file at school

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Signature Parent/Legal Guardian Name