



# FRCS EXTENDED DAY PROGRAM

## HEALTH INFORMATION FORM

To Whom It May Concern:

1. My child, \_\_\_\_\_

is in good health

is not in good health

Activity restrictions: \_\_\_\_\_

2. My child's immunizations:

are up to date

are not up to date

3. The (circle one) immunization record OR appropriate waiver:

is on file with Franklin Road Christian School

is on not file with Franklin Road Christian School

Parent Name: (print) \_\_\_\_\_

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

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