



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 immunization record OR appropriate waiver:

is on file with Novi Christian Academy

is on not file with Novi Christian Academy

Parent Name: (print) _____

Parent Signature: _____

Date: _____