



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

Parent/Legal Guardian Name

Parent/Legal Guardian Signature