

Annapolis Park Child Development Center

Inspiring, Learning, Laughter & Love in the name of the Lord"

30355 Annapolis Road, Westland, MI 48186 Ph. 734-721-6727 Fax 734-722-6607

Parental Health Statement (school age)

I attest to the fact that my child _____
is in good physical health, and that there are no changes in his physical condition since
receiving a physical on _____ (date).

He/she is physically able to participate in the activities involved in the Day 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 day care. Should any of the
above conditions change, I would promptly notify the Program Director.

Parent/Guardian Signature

Date

Program Director Signature

Date