

**Health Record**

In order to be in compliance with the Michigan Department of Education, Out of School Time Standards, you must attach a copy of your child's immunization record on file in your child's home school office. Please sign below and return by the first day you child attends the Extended Day Program.

Child's Name \_\_\_\_\_

Home School \_\_\_\_\_

I understand that the Extended Day Program accepts this copy in lieu of the health appraisal report for admission to the program. My child is in good health as of this date. I agree to be responsible for my child's health during the time my child is enrolled in the Extended Day Program.

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Parent Signature

Date