

# OKEMOS KIDS CLUB SCHOOL -AGE STATEMENT OF GOOD HEALTH

As the parent/guardian of \_\_\_\_\_, I attest to the following:  
**PRINTED NAME OF CHILD**

1. My child is in good health.
2. I assume responsibility for my child's health while at Okemos Kids Club.
3. My child has obtained all immunization shots/boosters required by the State of Michigan, as well as any additional health requirements of Okemos Public Schools.
4. The immunization record or appropriate waiver is on file with my child's school.
5. I will inform Okemos Kids Club of any changes in my child's physical health and/or emotional/psychological conditions, as well as any health restrictions, allergies, or medications.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

## HAND SANITIZER

I give permission to Okemos Kids Club for my child to use hand sanitizer as a method of hand washing.

\_\_\_\_\_  
**PRINTED PARENT NAME**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

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