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PARENTAL HEALTH STATEMENT

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

My child is physically able to participate in the activities involved in the before, during and after school program, and is
free from any communicable disease at this time.
His/her specific limitations are: _____

I will assume the responsibility for my child's health while in before, during and after school care.
Should any of the above conditions change, I will promptly notify the school-age Program Director and staff.

Signature of Parent/Guardian

Date

Signature of School Age Program Director

Date