



ST. STEPHEN SCHOOL
Child Care Center
Health Records Validation for School Aged Children

Student's Full Name: _____

Student's Current Grade: _____

Yes, my child is in good health

Please note all activity restrictions:

Yes, my child's Immunization shots are up-to-date

-If you marked "Yes" a copy of your child's **Immunization Record** needs to be turned into the school office before your child attends the Child Care Center

No, my child's Immunization shots are not up-to-date

-If you marked "No" a copy of your child's **Immunization Waiver Form** needs to be turned into the school office before your child attends the Child Care Center

Parent/Guardian (Printed)

Parent/Guardian (Signature)

Date