



## SCHOOL AGE HEALTH STATEMENT

September 2018

I attest that my child is in good health and physically able to participate in activities at the Extended Day Kindergarten Program (EDKP) provided by Haddonfield Child Care.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_