

Ida Kids

Center



Physical Statement State Rule: R400.512 (3c) From Parent of a School-Aged Child

I, _____ parent of _____ hereby state, at the best of my knowledge, that my child, _____, is in good health. Any restrictions for my child are stated below.

I will provide for the Ida Kids Center a complete list of immunizations and dates of the immunizations.

Parent Signature

Date