



## St. Isaac Jogues Latchkey

### Health Statement

The Department of School Services requires the following information to be in our files. Please supply month and year of immunizations.

We do not have access to school records.

DTP					
Polio					
Measles Mumps Rubella					

My child \_\_\_\_\_ is in good health and free from communicable disease or illness.

Please list any special health problems

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Please list any allergies

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I accept responsibility for the state of his/her health while attending the St. Isaac Jogues Latchkey program. I have previously submitted the required health data to his/her elementary school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date