



**St. Monica Catholic School
Kids' Klub
School Age Child
Physical Health Form - R 400.5305 (1)**

- My child, _____, is in good health.
- My child, _____, has the following health concerns and/or restrictions:

Parent signature

Date

- My child, _____, is up to date on his or her immunizations and a record is on file with St. Monica Catholic School.

Parent signature

Date