



FERRIS STATE UNIVERSITY

EARLY LEARNING CENTER

PHYSICAL HEALTH PARENTAL STATEMENT FOR SCHOOL AGE PROGRAMS

This acknowledges that my child _____, with a birthdate of _____ who attends the Bulldog Camp Program at Early Learning Center, a school age program licensed/approved by the State of Michigan, is in good health. I have attached a copy of my child's immunization record and noted below any medical information regarding my child.

Any health restrictions, allergies, medications taken by my child, or any other needs are noted below:

Signature of Parent or Guardian

Date

1349 Cramer Circle, BIS 101
Big Rapids, MI 49307-2737

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