

Novi Woods Montessori

Health Waiver for students Kindergarten and older

Child Name: _____

Birthdate: _____

Pediatrician Name: _____

Pediatrician Phone Number: _____

I _____, state that

my child _____

is in good health and all immunizations are up to date. I agree to provide Novi Woods Montessori a copy of my child's immunizations and keep them up to date.

Parent Name (print) _____

Parent Signature _____ Date _____