

**LIVONIA PUBLIC SCHOOLS  
SUMMER ACTIVITY CLUB**

**Child Health Statement**

\_\_\_\_\_ is, to the best of my knowledge, in good health.  
(print student's name)

I will be responsible for my child's health while he/she is at SACC/KSACC. Immunizations are up-to-date and are on file with the school office.

I will provide lunch for my child on the required days. Please be advised that, on occasion, I may choose to provide a snack for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date