IMMUNIZATION ATTESTATION STATEMENT

I,_____attest that _____

(print parent/guardian name) (print child (ren) name below)

_____

_____

_____

_____

_____

_____

has received all required immunizations.

(parent/guardian signature) Date

_____ _____

Keep in your binder must be available during home inspection

Immunization Attestation Statement (12/14)

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IMMUNIZATION ATTESTATION STATEMENT

I,_____attest that _____

(print parent/guardian name) (print child (ren) name below)

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Immunization Attestation Statement (12/14)