

**Saint Brigid Catholic School After School Care Program**  
**Physical Waiver Form**

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My child, \_\_\_\_\_ is physically able to participate in all activities in the Saint Brigid Catholic School After School Care Program.

Exceptions may include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Parent/Guardian Printed Name

\_\_\_\_\_

Date

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**Verification of Immunization**

I \_\_\_\_\_ certify that my child \_\_\_\_\_ has all of his/her immunizations up to date, and a copy of the immunization record is on file in the Saint Brigid Catholic School office.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Date

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