



**Cabrini Extended Day Program  
Physical Health Waiver**

I attest to the fact that my child, \_\_\_\_\_, is in good physical health, and there are no changes to their physical condition since receiving their last physical on \_\_\_\_\_.

They are physically able to participate in the activities involved in the Extended Day Program (EDP) and are free from any illness or communicable disease at this time. Their specific limitations include: \_\_\_\_\_

\_\_\_\_\_.

I will assume the responsibility for my child's health while in EDP care.

Should any of the above conditions change, I will promptly notify the EDP Coordinator or EDP staff member.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

EDP Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_