

Student Volunteer Declaration of Health

(for high school students under 18 only)

Name of Student Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( print name of parent or legal guardian of student) herby attest that the above named student volunteer is currently enrolled in a public or private educational facility, and that he/she meets all New York State requirements for attendance at said educational facility. I understand that I may be required to produce records that document this compliance.

Furthermore, I believe that the above named student is free of any communicable diseases or conditions that may negatively impact the residents of Weinberg Campus.

I agree to provide proof of current influenza (flu) immunization and COVID vaccination and have attached the document to this declaration.

I agree to report the onset of any communicable disease promptly and to maintain the immunization schedule for this student as set forth by the State of New York.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or legal guardian

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

This declaration is valid for one year from the date of the signature.