

Our Lady of Hope Greenwith Campus OSHC

Health Care Plan Date Validation Form

2019

This form is only required to be filled out if we already have an original copy of your child/children's health care plans. This document states that the plan we have is still current.

I, _____, state that my child/ren

_____ health care plan is current and up to

date. I understand that if my child's health conditions change I need to go to the doctor to

get a new updated health care plan.

Signature

Date