**Our Lady of Hope Greenwith Campus OSHC**

**Health Care Plan Date Validation Form**

**2022**

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.

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 Signature Date