



# State of New Hampshire

## Department of Labor

Phone:  
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Email:  
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### VERIFICATION OF ADEQUATE HEALTH OF CHILD

I, \_\_\_\_\_, being parent and/or legal guardian of

\_\_\_\_\_  
Name of youth

\_\_\_\_\_  
Date of Birth

Do hereby verify that the above named youth is in adequate health.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date