



State of New Hampshire  
Department of Labor

Phone:  
603.271.0127  
Email:  
Inspectiondiv@dol.nh.gov

**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