



Preschool: 4729 Neta Lane, 76302
Preschool FAX:

940.687.0298
940.264.6076

HEALTH CARE PROFESSIONAL'S STATEMENT

Child's Name: _____

Date of Examination: _____

I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Health Care Professional's Signature