

## Statement of Health

Child's Name \_\_\_\_\_

### Health-Care Professional Statement:

I have examined the above-named child within the past year and find that he/she is physically able to attend Austin Avenue Preschool.

\_\_\_\_\_  
Health-Care Professional's Signature

\_\_\_\_\_  
Date

**OR**

### Parent Statement:

I certify that my child, \_\_\_\_\_,  
has been examined by a licensed physician within the past twelve months and is  
physically able to attend Austin Avenue Preschool.

Within 12 months of admission, I will obtain a health care professional's  
signed statement and will submit it to Austin Avenue Preschool.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Health Professional's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_