

NOAH'S ARK PRESCHOOL HEALTH STATEMENT



Child Name: _____

The State of Texas requires that we have on file a Health Statement for each child prior to them attending class. If you have an upcoming appointment with your health-care provider, you may complete the parent statement portion for now, then follow up with a statement signed by your health-care professional.

STATEMENT BY HEALTH-CARE PROFESSIONAL

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

Is there any evidence of medical or developmental conditions (hearing, vision, speech, sensory, other)? yes no If yes, please list:

Health Care Professional Signature: _____ Date: _____

STATEMENT BY PARENT

My child has an appointment for a physical examination on _____ (date) with

Health-care Professional Name _____

Address _____

I will submit the physician's statement to Noah's Ark Preschool/Mother's Day Out immediately following the examination.

Parent Signature: _____ Date: _____

**A COPY OF THE CHILD'S CURRENT
IMMUNIZATION RECORD
MUST BE ATTACHED**