

CHAPEL HILL CHILDREN'S SCHOOL

185 S. Whites Chapel Blvd.

Southlake, TX. 76092

FAX 817-481-2140

PHYSICIAN'S STATEMENT

CHILD'S NAME _____

DATE OF BIRTH _____

Health Information: (Physician must answer questions & sign)

1. Is this child physically and mentally able to participate in group activities? _____
2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? _____
3. Is this child free of infectious or contagious disease? _____

Physician's Signature

Physician's Name (Please print)

Address

Phone Number

City Zip

Date

Date of last examination: _____

IMMUNIZATION RECORD

Please attach a copy of the child's immunization record to this form
OR
mail or fax the immunization record to the school.