Hilltop Children's Center
Integrating Fun, Education, & Health

9415 W. Highway 29 Liberty Hill, TX 78642 512-966-1106 www.HilltopChildrensCenter.com

Health Statement Form

PHYSICIAN STATEMENT

Child's Full Name: _____

Child's Date of Birth: _____

Child's Address: _____

_____

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

Date of Last Exam: _____

☐ Copy of Immunization record is enclosed.

☐ Child **HAS / DOES NOT HAVE** any known food allergies requiring Action Plan (ie, Epi-pen).

_____ _____

Physician's Signature Date

Physician's Name: _____

Phone number: _____

Address: _____