Awaken Christian Academy Preschool

HEALTH STATEMENT

Name: _____ Birthdate: _____

Status of above child's health: _____

Date of Last Exam: _____

Any Known Conditions/Treatments: _____

_____

I have examined the above child and I find him/her to be in general good health. I find him/her able to participate in the daily activities of the learning center.

Physician's Printed Name: _____

Physician's Signature: _____

Date:_____