



111 Roundabout Drive
Midlothian, TX 76065
972-775-5600

Doctor's Statement Form

This letter is to certify that I, _____, have
(Doctor's name)

examined _____ within the past year. I have found
(child's name)

that they are physically able to participate in all child care related activities.

Doctor's Signature

Date

Doctor's Information:

Address: (Street) _____ City: _____ State: _____

Phone Number: (_____) _____ (ext) _____

Parent's Statement

My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Parent's Signature

Date