



Health Requirements

Child's Name _____ Date of Birth _____

I. Admission Requirement (check one):

_____ Doctor's 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.

Doctor's signature Date

Doctor Information: _____
Name Address Phone

_____ Parent's Statement—My child has been examined by a doctor within the past year and I will provide a doctor's statement within twelve months of enrollment that states my child is physically able to take part in the child care program.

Parent's signature Date

_____ My child attends public school.

II. Immunizations (check one):

_____ Child's shot record is attached.

_____ My child attends public school. His/her shot records are on file at the following school:

Name of Public School

I, _____, request this information be released to Kids 'R' Kids of Lawler Farm in Frisco.

Parent's Signature _____ Date _____