

## **GOOD HEALTH STATEMENT**

**KIDS DAY OUT PRESCHOOL  
3805 STONEBRIDGE DRIVE  
ROUND ROCK, TEXAS 78681  
512-246-2727**

**CHILD'S NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**\*\*\*THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN:\*\*\***

**Is the child free from communicable disease?    Yes\_\_\_\_\_    No\_\_\_\_\_**

**Is the child able to participate in group care?    Yes\_\_\_\_\_    No\_\_\_\_\_**

**List any medications and drugs taken regularly by the child:**

\_\_\_\_\_  
\_\_\_\_\_

**Other special physical conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**The above information is correct as of** \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_

**Physician's Address** \_\_\_\_\_

**Physician's Phone Number** \_\_\_\_\_

