

# Flip-N-Swim

Child Development Center

2506 Commerce St

Marble Falls, TX 78654

830-798-2264 PHONE

## MEDICAL STATEMENT

My Child has been examined within the past year by the Doctor/Health Care Professional listed below and is able to participate in child care. I give permission for the information requested below to be released to the day care from the office of the Doctor/Health Care Provider.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

To: Doctor \_\_\_\_\_

From: \_\_\_\_\_

Parent name-please print

Child/Children

Shot Record

DOB

\_\_\_\_\_

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

\_\_\_\_\_

The child/children listed above can participate in day care without restrictions.

\_\_\_\_\_  
Doctor/Health Care Provider

\_\_\_\_\_  
Stamp/Signature

