

HEALTH STATEMENT FOR CHILDCARE

AT

TRUSTKIDS ACADEMY

(Doctor office's may use their own form or this form)

Doctor's may email their form to info@trustkidsacademy.com or fax to **(713) 731-7412.**

This is to certify that I have examined

(print child's name)

on _____, and found him/her to be healthy, free of contagious disease
and

(date)

able to participate in school/daycare activities.

Health care professional _____
(Signature of health care professional)

Date: _____