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DeSoto, Texas

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Est. 1993

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**DESOTO  
CHILDREN'S  
ACADEMY**

## Physician's Statement

**Admission Requirement:** If your child does not attend pre-kindergarten or school away from the childcare facility, the following form must be presented when your child is admitted to the childcare facility or within one week of admission. If there are any medical conditions we need to be informed of, please have your physician write it in the space provided.

Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Remarks:

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Physicians Office Stamp:

Physicians Signature:

\_\_\_\_\_

Physicians Printed Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_


Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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