



The Early Education Lab at The Reese Center

12300 University Blvd, Sugar Land, TX 77479

Tel: 281-327-7325

Physician's Health Statement Form

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Enrollment Date: _____

Parent/Guardian Name: _____

Primary Phone Number: _____

PHYSICIAN'S HEALTH STATEMENT

To be completed and signed by a licensed physician, physician assistant, or advanced practice registered nurse.

I have examined the above-named child within the past twelve (12) months and certify that:

- ☐ The child is physically able to participate in a licensed childcare program.
- ☐ The child has no medical condition that would prevent participation in routine childcare activities.
- ☐ The child has the following medical condition(s), allergy(ies), dietary restriction(s), or special healthcare need(s) that the childcare program should be aware of:

- ☐ The child requires medication and/or special medical procedures during childcare hours.

If yes, please explain:

☐ The child has been screened for vision and hearing concerns, when age appropriate.

☐ Immunization records are current and attached.

☐ Immunization records are exempt/excluded for the following reason:

PHYSICAL ACTIVITY RESTRICTIONS

☐ No restrictions.

☐ The child should avoid or limit participation in the following activities:

EMERGENCY MEDICAL INFORMATION

Known Allergies:

Emergency Medical Concerns:

Recommended Emergency Procedures (if applicable):

HEALTHCARE PROVIDER INFORMATION

Physician/Healthcare Provider Name: _____

Clinic/Practice Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

HEALTHCARE PROVIDER CERTIFICATION

I certify that the information provided above is accurate to the best of my knowledge.

Signature of Physician/Healthcare Provider: _____

Printed Name: _____

Professional Title: _____

Date: _____

PARENT/GUARDIAN AUTHORIZATION

I understand that this health statement is required for enrollment in The Early Education Lab Childcare Program and authorize the release of this information to the program for enrollment and health/safety purposes.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____
