**Statement of Child’s Health**

**St. Mark Children’s Day Out**

**601 W. Braker Lane**

**Austin, TX 78753**

**Health care Professional’s Statement:**

I examined\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Name and Date of Birth Date of Exam

and find that he/she is able to take part in the day care program.

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 Physician’s Signature Date of Signature