



# The Early Education Lab at The Reese Center

12300 University Blvd, Sugar Land, TX 77479

Tel: 281-327-7325

## Physician's Health Statement Form

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### Child Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

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### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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- 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:

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## Physical Activity Restrictions

- No restrictions.
- The child should avoid or limit participation in the following activities:

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## Emergency Medical Information

**Known Allergies:**

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**Emergency Medical Concerns:**

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**Recommended Emergency Procedures (if applicable):**

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### Healthcare Provider Information

Physician/Healthcare Provider Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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