

HEALTH STATEMENT



8750 N. Riverside Drive
Keller, TX 76244
(817) 750-0442
FAX 817-750-0447

Parents: All children (2's Class, PK1, PK2, and Kindergarten) must have a current Healthy Statement of file in the school office EACH school year. Please complete the top portion of this form and submit it to your child's physician for completion. This form must be received in the LOTW School office by the first day of school.

Child's Name: _____

Date of Birth: _____

Parents Name(s): _____

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Date of last physical exam: _____

Please complete the following for children 4 years or older, if performed at last physical exam:

Vision screening results: _____

Hearing screening results: _____

PHYSICIAN'S SIGNATURE: _____

DATE SIGNED: _____