

Health Statement Request



Please complete and return to:

Morning Star Academy

Attn: Sandra Lira

903.583.6035 | Fax

Child's Name: _____ DOB: _____

Physician's Name: _____

Doctor's Office: _____

Phone : _____ Fax #: _____

Parent's Name: _____ (Printed)

Parent's Signature: _____ Date: _____

Health Statement

I have examined the child named above within the past year and find that he/she is free of contagious diseases and is able to take part in the day care program.

Physician's Signature: _____

Date: _____