



Kiddin' Around's Child's Health Statement

Child's Name: _____

Child's Date of Birth: _____

Parents Name _____ Acct.# _____

Doctor's Statement

I have examined the above named child within the past year and find that he/she is physically able to take part in the childcare program

Physicians Name

Date

Fax #

Frisco: 214-618-5435

Plano: 972-378-1709

Highland Village: 972-317-2608