

HEALTH STATEMENT

ADMISSION REQUIREMENT: Before admitting a student, one of the following options must be completed and kept in your child's file.

Option 1: HEALTH-CARE PROFESSIONAL'S STATEMENT		
I have examined the above name he / she is physically able to take	-	=
Health Care Profession	onal's Signature	Date
Option 2: PARENT STATEME	ENT	
My child has been examined with professional and is able to partic months of admission, I will obtain statement and will submit it to t	ipate in the childcare in a health care profe	program. Within 12
Name and address of the healtho	care professional:	
Name	Address	
Parent Signature		