

Little Owl Learning Academy

CHILD'S NAME _____ BIRTHDATE _____

Doctor Health Statement (Physical)

_____ was examined by me on

_____ and was found to be free of any contagious and transmissible diseases and is physically able, with any exceptions noted below, to participate in any of the Little Owl Learning Academy Programs

Remarks:

Physician Signature:

Physician Printed Name:

Address: _____

City, State, Zip: _____

Phone #: _____

Date: _____