

Good Health Statement

Harmony Hill Preschool, LLC
1500 Double Creek Drive, Round Rock Texas 78664
512-535-3292

Child's Name _____

Date of Birth _____

****This section to be completed by a physician**

Is the child free from communicable disease? Yes _____ No _____

Is the child able to participate in group care? Yes _____ No _____

The above information is correct as of _____

Signature of Physician _____

Physician's Phone Number _____

Physician's Address _____

****Please attach a copy of this child's immunization records**

****Please attach a copy of this child's hearing and vision screening if child is 4 years old or older**