



The Lighthouse MDO/Preschool
3701 W. Spring Creek Pkwy, Plano, TX 75023
972-208-4803

Child's Name _____

HEALTH INFORMATION

TO BE FILLED OUT BY CHILD'S PHYSICIAN

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

Physician's Name _____

Street: _____

City _____ Zip _____

Phone Number _____

Physician's Signature _____ Date _____

Status of:

Vision: _____

Hearing: _____

TO BE FILLED OUT BY CHILD'S GUARDIAN (to fulfill requirements until the above box is signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) month of admission, I will obtain a health care professional's signed statement and will submit it to The Lighthouse.

Parent/Guardian's Signature _____ Date _____

I understand that The Lighthouse is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package (or within 48 hours of my child's start date). I also understand that if my child's shot records are not up to date, I will be sure my child received the appropriate immunizations within the time frame set by The Lighthouse.

Signature of Parent or Guardian _____ Date _____