



Health Statement Form

This form must be on file with Cornerstone Preschool before your child's registration is complete.
Please submit a hard copy by mail or in person.

Child's Name _____
Last *First* *Middle*

Date of Birth _____

• This child has been examined and is in suitable condition to participate in group care. _____
Please initial!

• This child has the following limitations or Health Conditions (Including allergies, medications, dietary restrictions) that the school should be aware of. Please write "NONE" if not applicable.

• **Immunizations: Please Check**

Complete for age: Yes _____ No _____ In process: Yes _____ No _____

Exempt due to religious conviction: Yes _____ No _____ Medical Condition: Yes _____ Please Explain:

• Please provide a dated copy of child's current immunizations. The state requires that licensed facilities have this on file. We do not have access to Imm Trac.

Medical Professional Signature _____

Phone number _____

Address _____

Date of Exam _____

Cornerstone Methodist Preschool

18081 West Road Houston, Texas 77095 ~281-859-1612~www.cornerstonegmcpreschool.com

DATE: _____