



12055 County Road 59  
Pearland, TX 77584  
713-436-0044

## Physicians Statement

Child's Name: \_\_\_\_\_

Physicians Statement: I have examined the above named child within the past year (*date of last physical*) \_\_\_\_\_ and find that **he/she** is physically able to take part in our program. I also certify that this child's immunizations are current and up to date.

Physician's Signature: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_