



12005 Magnolia Pkwy
Pearland, TX 77584
713-436-0044
Fax: 713-436-5350

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: _____