



Lil Warriors Preschool- Health Statement

Student name _____ Birth date _____

This document should be completed by a **qualified physician** and returned to the daycare director

Initials

_____ I hereby certify that the student named above is free of contagious or infectious disease and that he/she is able to participate in normal school activities.

Physicians name (print) _____ Phone _____

Physicians signature _____ Date _____