

Statement of Health

Child's Name _____

Health-Care Professional Statement:

I have examined the above named child within the past year and find that he/she is physically able to attend Coutts Christian Academy.

Health-Care Professional's Signature

Date

OR

Parent Statement:

I certify that my child, _____, has been examined by a licensed physician within the past twelve months and is physically able to attend Coutts Christian Academy.

Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to Coutts Christian Academy.

Parent's signature

Date

Health Professional's Name: _____

Address: _____

Phone Number: _____