



Permission to Participate for Preschool

School Year: _____

Per Texas Department of Family and Protective Services, all Preschools are required to have a statement of the child's health from a health-care professional. (Standard 746.603)

Please provide this completed form to the child's parent upon request each school year. This form may be given to the child's parent or emailed to dcox@rcseagles.org prior to the child's first day of school.

Physician's Name (print): _____

Physician's Office Address: _____

Physician's Office Phone Number: _____

HEALTHCARE PROFESSIONAL'S STATEMENT

I have examined (printed name of child) _____

within the past year and find that he/she is able to take part in Rosehill Christian School's preschool program.

Health-Care Professional's Signature

Date