



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 each school year & return it to the child's parent or fax/ email it to Mrs. Sherry Johnson at Rosehill Christian School prior to the child's first day of school.

- **Fax:** 281-516-3418
- **Email:** sjohnson@rcseagles.org

HEALTH-CARE 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)

Name and address of health-care professional:

Parent/Legal Guardian Signature:
