

HEALTH STATEMENT

St. Elizabeth Parent's Day Out
1520 North Railroad Avenue, Pflugerville, TX 78660
www.stelizabethpf.org/parents-day-out-pdo
Office Phone: (512) 251-9805 Fax: (512) 251-9868

The following information must be on file by the first day of school:

- A copy of your child's immunization record
- Vision and Hearing test results for all four year olds
- A written statement from your physician stating that your child is physically able to participate in St. Elizabeth Parent's Day Out Program. They may use this form or one of their own.

_____ (child's name) had been examined and I find that he/she is physically able to participate in the St. Elizabeth Parent's Day Out Program. The child is current on all immunizations.

Physician's Printed Name

Phone Number

Physician's Signature

Date

Please send or fax back to:

St. Elizabeth Parent's Day Out Program, Attention: Kim Perales, FAX: 512-251-9868