

# 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 Cousts 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 Cousts Christian Academy.

Within 12 months of admissions, I will obtain a health care professional's Signed statement and will submit it to Cousts Christian Academy.

\_\_\_\_\_

Parent's signature

\_\_\_\_\_

Date

Health Care Professional's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_