Moody Early Childhood Center

"Giving all Galveston children the opportunity to soar"

This form must be completed by a medical provider

CHILD HEALTH STATEMENT FOR CHILD CARE

AT

MOODY EARLY CHILDHOOD CENTER

(Doctor's office may use their own form or this form)

Doctors may fax the form to **(409) 750-7177**

This is to certify that I have examined_____(print child's name)

on_____(date), and found him/her to be healthy, free of contagious disease and able to participate in school/daycare activities.

Health Care Professional Name _____

Health Care Professional Contact Information

_____

_____

_____

Health Care Professional Signature _____

The Moody Early Childhood Center is a private nonprofit 501 (c) (3) and does not discriminate on the basis of sex, race, color, national origin, disability, religion or age in the administration of its educational policies, admissions policies, and all other school-administered program