

The Lighthouse School
 5701 North Frazier, Conroe Texas 77303 •
 Telephone: (936) 856-7894 • Fax (936) 890-9255

Date: _____

Child's Name: _____
 (Please Print)

Date of Birth: _____

Parent or Legal Guardian: _____
 (Signature)

_____ (Date)

Please have your physician or clinic complete **DOCTOR'S STATEMENT'S** information and sign or stamp the physician's name on signature line and date. Please return form to our facility at front desk or by fax within five (5) working days. Facility fax number 936-890-9255.

If you have any questions or concerns, please call The Lighthouse School at 936-856-7894. Your attention in this matter is greatly appreciated.

Health Requirements

ADMISSION REQUIREMENTS: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

 Physician Signature Date

A copy of the medical screening for of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

If you do not have any of the above:

PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program:

Name and Address of Physician OR address of EPSDT Screening Site:

 Name Address

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

OR

My child has an appointment for a physical examination:

Date:	Name and Address of Physician OR Address of EPSDT Screening Site:
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I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

 Signature - Parent or Legal Guardian Date