

Clubhouse Playcare

STATEMENT OF GOOD HEALTH

To enroll at Clubhouse Playcare your child is required to have a STATEMENT OF GOOD HEALTH on file at Clubhouse Playcare. Please request from your child's Physician a signed statement that says **your child was seen on given date and was found to be in good health and free from any communicable diseases.**

If they do not have a form that they use, please have them fill out and sign the form below and return to Clubhouse Playcare or fax to 208-445-7436. Email: play@clubhouseplaycare.com

Child's Name: _____ DOB: _____

Physician's Statement:

I examined the above-named child on _____ (date), and find that they are in good health and free from any communicable diseases. I find that they are physically able to take part in the activities offered at Clubhouse Playcare.

Physician's Signature: _____

Physician's Name Printed: _____

Office Name: _____

Office Address: _____

Office Phone Number: _____

PLEASE CALL CLUBHOUSE PLAYCARE WITH ANY QUESTIONS

Clubhouse Playcare, 2255 Northpark Dr. Kingwood, TX 77339

Phone: 281-312-3233 Fax: 208-445-7436

Email: play@clubhouseplaycare.com