



Cypress-Fairbanks Independent School District

Early Learning Center PHYSICIAN RELEASE STATEMENT

Child's Name _____

DOB _____

This is to certify that the above child named has been examined by me on ____/____/____
(date). This child is found to be in good health and able to fully participate in the Cypress-Fairbanks Independent School District Early Learning Center program.

Physician's Signature

Date

Facility Address

Facility Phone Number

Please return either this form or a statement on your physician's letterhead in order to complete your child's enrollment packet.