Teamwork for Excellence

PLANO
Independent School District

Admission Requirement

PISD Employee Child Care Center Health Statement

Child's Name_____

The above child was examined in my office on _____ and is physically able to participate in the Plano ISD Employee Child Care Center.

_____ _____

Physician Signature Date

_____

Physician Address City Zip

_____

Phone Number

_____ _____

Parent Signature Date