

Lake Hills Montessori – Austin

Well Child Statement

Return to: Sandra Karnstadt, Director  
600 N. Cuernavaca Dr.  
Austin, TX 78733  
(512) 263-9342 Fax (512) 263-9948

Student Name: \_\_\_\_\_

Known Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regular Medication Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Concerns/Considerations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above named individual has been examined by me on \_\_\_\_\_ and is found to be in good health and able to attend school, as well as participate in age appropriate physical activities.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Address & Phone

[www.lakehillsmontessori.com](http://www.lakehillsmontessori.com)

