

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

