

# Little Village School

## Doctor's Statement

\_\_\_\_\_ has been examined by me on: \_\_\_\_\_  
and was found to be free of any contagious and transmittable diseases, and is  
physically able to participate in any of the child care programs.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ MD

Printed Name: \_\_\_\_\_ MD

Address: \_\_\_\_\_

City: State: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

12194 Bandera Rd. Helotes, Tx 78023

Phone #: 695-3327 Fax: 695-3185

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