

HAPPY VALLEY CHILDREN'S RANCH
PRESCHOOL
7762 Quaker St.
Arvada, CO. 80007
303-422-4220
Fax # 303-422-0200 (Please call before faxing)

STATEMENT FROM CHILD'S PHYSICIAN

Date _____

This is to certify that _____
is under my care, is in good physical condition and has had all necessary immunizations.

Chronic medical conditions : _____

Restrictions: _____

Allergies: _____

SIGNED _____
(Physician)

I certify that the above entry is my signature and authorize its use for this document (please enter your initials).