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## Health Form

Child's name: \_\_\_\_\_

Health Care Professional's Name: \_\_\_\_\_

Health Care Professional's Address: \_\_\_\_\_

\_\_\_\_\_

Health Care Professional's Phone number: \_\_\_\_\_

## Health Care Professional's Statement

I have examined the above named child within the past year and find that he / she is able to take part in the Colores Spanish Immersion Preschool program.

\_\_\_\_\_

Health Care Professional's Signature

\_\_\_\_\_

Date

Please attach current **Immunization Records** to this form.