



HEALTH CARE PROFESSIONAL'S STATEMENT

A health care professional must sign and date the form unless medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which you adhere or of which you are a member.

To be signed by a health care professional:

I have examined (CHILD)_____within the past year and find that he/she is physically able to take part in Annie's Place at Parkland program.

Health Care Professional's Signature

Date

FAX TO: ANNIE'S PLACE

214-266-8083