



Texoma Christian School  
3500 West Houston,  
Sherman, TX 75092

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## Preschool Health Release Statement:

I \_\_\_\_\_ have examined  
(Physician's name)  
\_\_\_\_\_ on \_\_\_\_\_ and have  
(child's name) (Date)  
determined that he/she is physically able to take  
part in all activities in a regular preschool program.

Thank you,

\_\_\_\_\_  
(Physician's Signature)