

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**The Kipling School  
State-Required Statement of Health**

**I have examined the above named child within the past year and find that he/she is physically able to attend The Kipling School programs.**

\_\_\_\_\_  
**Signature of Health Care Professional**

\_\_\_\_\_  
**Date**

**AND (if applicable)**

**Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**