

**University Baptist Church**  
**Weekday Early Education School**  
**(WEE School)**  
HEALTH-CARE PROFESSIONAL'S STATEMENT

**ADMISSION REQUIREMENT**

WEE School is required under Child Care Regulation Minimum Standards 746.603 (3) to have a dated statement of your child's health from a health-care professional. Your physician may either use this form or their own Health Care Professional's Statement provided with their signature. Electronic forms may be submitted to the following locations listed below. A new form must be submitted every school year and valid for 12 months.

Thank you,

Linda Casias  
WEE School Director  
Phone: 210-699-1070  
Fax: 210-699-6308  
Email: weeschool@ubcsa.org

**HEALTH-CARE PROFESSIONAL'S STATEMENT**

**I have examined:**

\_\_\_\_\_ and find that he/she  
is able to take part in the University Baptist Church WEE School's Program.

\_\_\_\_\_  
Health-care professional Signature

\_\_\_\_\_  
Date