



# Angels of Faith Preschool

WAXAHACHIE, TEXAS

## Doctor's Good Health Note

Angels of Faith Preschool  
2420 Brown Street  
Waxahachie, Texas 75165

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

The above named child has been seen within the past twelve months and is found to be in good health.

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

**The above child has permission to receive Tylenol or a generic brand substitute in the following dosage: \_\_\_\_\_**

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

You and your doctor are filling out this form because the Texas Department of Protective and Regulatory Service requires this information each year.