



Yearly Health Evaluation Form

Water of Life Lutheran School, 5430 South Grand Canyon Dr, Las Vegas NV 89148 (702-253-7020)
Form may be emailed to officemanager@wateroflifeschool.org

Please have a health care professional complete this form (M.D., R.N., P.A., or D.O.)

Child's Name: _____

Child's DOB: _____

Parent's name: _____

Address: _____

Status of the above child's health:

Any known conditions under treatment:

Is the child capable of adjusting to the programs of the school's facility? ____ (Y/N)

If no, please explain:

Health Care Provider's name: _____

Address: _____

Phone: _____

Health Care Provider's signature

Date