**Tri-County Community Council Head Start**

**2499 Cypress Street**

**Westville, Florida 32464**

**Phone: (850) 548-9900**

**Fax: (850)548-5644**

**Physical**

To Head Start Parent/Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

According to our records your child's school physical will **expire** on \_\_\_\_\_\_\_\_\_\_

This exam must be repeated every year to be considered current. Please contact your child's Doctor to have this completed.

Once you make the appointment please sign bottom and return or call the center and let us know the date.

If we can be of any assistance please call the center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You in Advance for taking care of this matter.**

Date/Time of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_