



Le Jardin Early Learning Academy

Le Jardin Community Center, Inc.

311 NE 8th Street ▪ Suite 203 ▪ Homestead, FL 33030 ▪ 305-245-7299

Date: _____

To the Parents of: _____

D.O.B.: _____

Center: _____

Classroom: _____

According to a review of your child's health documents, your child

Please have your child re-evaluated by your Health Care Provider. The bottom part of this form must be completed and signed by the Health Care Provider.

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Treatment Plan: _____

The child has a follow-up doctor visit: Yes

Date: _____ No

Comments: _____

Health Care Agency/Physician: _____

Address: _____

Phone Number: _____

Physician
Signature: _____

Date: _____