



First Presbyterian Preschool of Grapevine Physician's Statement

Physician's Statement

Child's Name _____ Date of Birth _____

Date of Last Examination _____

I have examined the above child within the past year and find that he/she is physically and mentally able to take part in the First Presbyterian Preschool of Grapevine program. ____ yes ____ no

If no, please explain _____

Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? ____ yes ____ no

If no, please explain _____

Is this child free of infectious or contagious disease? ____ yes ____ no

If no, please explain _____

Physician's Signature

Date

Physician's Name Printed

First Presbyterian Preschool of Grapevine

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