



# FIRST PRESBYTERIAN PRESCHOOL

FIRST PRESBYTERIAN CHURCH

249 W. McLELLAND AVE. MOORESVILLE, NC 28115 704-664-2701 (PH) 704-664-7526 (FAX)

## PHYSICIAN'S STATEMENT

I have examined \_\_\_\_\_  
(name of child)

and see no physical or emotional reason to restrict participation in the activities at First Presbyterian Preschool's Weekday Program.

I have noted the following, if applicable:

### Any restrictions of activity:

\_\_\_\_\_  
\_\_\_\_\_

### Allergies:

\_\_\_\_\_

### Special Services (speech, OT, etc.)

\_\_\_\_\_

Is the child up-to-date on his/her immunizations? YES or NO  
(circle one)

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_