



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 and contact the Director:

Physician's Signature: _____ **Date:** _____