



## Physician's Statement

I have examined \_\_\_\_\_ and see no physical or emotional reason to restrict participation in the activities at the Bethel Presbyterian Church Weekday Preschool.

I have noted the following if applicable:

Restriction of activity:

Special attention or care needed:

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

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

Please attach a copy of the child's immunization record to this form.