**Bethel Presbyterian Church**
**Weekday Preschool**

## 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 Program.

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.