

# Open Arms Christian Preschool

## Physician's Statement of Health

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Signatures \_\_\_\_\_

\_\_\_\_\_ does/does not (please circle one) have a health condition

Child's Name

that prevents him/her from participating in physical activities or in group care.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

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