

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