

# Warsaw Christian Preschool

## Physician's Statement

909 S Buffalo St, Warsaw, IN 46580

(574)267-5788

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Directions: Please check all that apply.

- \_\_\_\_ 1. Upon examination of the above child I have found that he/she is physically fit to participate 3-5 times/week in our preschool program designed to contribute to the mental, social, emotional, physical and spiritual development of four year old children.
- \_\_\_\_ 2. I have examined the above child's immunizations record and confirm that it is up-to date.
- \_\_\_\_ 3. This child can participate in a preschool environment but should be exempt from the following activities due to physical limitations and restrictions. (Please specify below.)

List Activities:

List Physical Limitations:

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date