

Mt. Tabor United Methodist Preschool
3543 Robinhood Road
Winston-Salem, NC 27106
336-760-2326

THIS FORM MUST BE COMPLETED PRIOR TO
ATTENDANCE

Physician's Statement

I have examined _____ on _____
(Child's Name) (Date)

and do not see any physical or emotional reason to restrict participation in preschool activities.

Allergies to Food or Medication: _____

Restriction of Activity: _____

Special Attention or Care Needed: _____

I certify that the above named child's immunizations are current. PLEASE ATTACH A COPY OF IMMUNIZATION RECORD.

Physician's
Signature: _____ Date: _____

This portion to be completed by parent/guardian

My child, _____ will be attending Mt. Tabor Preschool. I understand that this Physician's Statement and a copy of my child's immunization record are required before my child may attend this Preschool.

Parent's Name: _____

Child's Name: _____
(First) (Middle) (Last)

Street Address: _____

City: _____ State _____ Zip _____

Parent/Guardian Signature: _____ Date: _____