ST. JAMES PRESCHOOL – PARENT/PHYSICIAN MEDICAL FORM 2022/2023

***TO BE COMPLETED BY THE PARENT*:**

_____ _____
Name of Child Date of Birth

_____ is enrolled at St. James Preschool for the 2022/2023 school year. He/She will attend St. James _____days a week. Daily activities are age appropriate and include vigorous outdoor play.

_____ _____
Name of Parent/Guardian Date

***TO BE COMPLETED BY THE PHYSICIAN*:**

Name_____

Address_____

_____

Phone No._____

_____ was examined by me on _____ and found to:
Name of Child Date

	Yes	**No**
1. Be free of contagious diseases:		
2. Be able to participate fully in Preschool activities:		
3. Have up-to-date immunizations: (attach immunization form)		

Please explain any "No" answers or list any limitations:

_____

_____

_____

Signature_____ **Date**_____