

ST. JAMES PRESCHOOL – PARENT/PHYSICIAN MEDICAL FORM 2023/2024

TO BE COMPLETED BY THE PARENT:

Name of Child Date of Birth

----- is enrolled at St. James Preschool for the 2023/2024 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**-----