

**ST. JAMES PRESCHOOL
PARENT/PHYSICIAN MEDICAL FORM 2021/2022**

TO BE COMPLETED BY THE PARENT:

Name of Child _____

Date of Birth _____

_____ is enrolled at St. James Preschool for the 2021/2022 school year.

He/She will attend St. James Preschool _____ 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 _____

Birth Date _____

Phone No. _____

(Name of Child) _____ was examined by me on (date) _____ and found to:

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

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

Signature _____ **Date** _____