

Crosby Methodist Weekday School

PHYSICIAN'S WELL CHILD STATEMENT

Crosby Methodist Weekday School will accept a faxed copy of a "Well Child Statement" from your child's doctor. They may use this form or one of their own.

Child's Name

Child's Birthdate

I have examined the above named child on _____ (date of last well child check) and found that he/she is physically able to take part in a preschool program and activities.

Physician Signature

Date

Physician Name (Please print)

Note to parents:

- A current immunization record must also be provided to Weekday School.
- All students who are 4 years old by September 1 must have vision and hearing screenings. We will provide these at school for a fee. If your child had these screenings with their doctor, you may provide that instead.