**HARRISON PRESCHOOL**

Harrison United Methodist Church

15008 Lancaster Highway, Pineville, N.C. 28134

704/541-3463 ext. 203

Scan and send to melody@harrisonchurch.org

**PHYSICIAN'S STATEMENT**

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

see no physical or emotional reason to restrict participation in the

activities at the church preschool program, except as noted.

Restrictions of activity:

Special attention or care needed (**List any allergies**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Physician's Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Physician's Name Date

**Please print or stamp pediatric center name and address:**

**Please attach a copy of the child's immunization record to this form.**