



To: FUMC Day School
800 West 5th Street
Ft. Worth, TX 76102
(817)870-9174 - Preschool
(817)546-4414 - PDO
(817)339-5073 - FAX

STUDENTS MEDICAL STATEMENT

_____ has been examined by me on
(child's name)
_____ and found free of infections and contagious disease and is physically
(date)
able to participate in group activities.

Other comments:

(Physician's Signature) (Date)

(Address)

Please list names of individuals authorized by you to have access to health information regarding your child.

1. _____
2. _____
3. _____

(Parents signature) (Date)