



River Eves Eagle Fliers Physician Letter (Required each year)*

Date: _____

From: (Dr. name here) _____

To: River Eves Elementary – fax # 470-254-4557

Patient Name: _____

Patient Date of Birth: _____

(Child's name) _____ was examined by me on (exam date) _____ and was found to be in excellent health. He/she may participate in the upcoming Eagle Fliers PTA fitness program at River Eves.

Sincerely,

(Dr.'s name here)

***Physician's Release must be returned by February 13, 2023.**