



To: FUMC Day School  
800 West 5<sup>th</sup> Street  
Ft. Worth, TX 76102  
(817)870-9174 - Preschool  
(817)546-4414 - I & T  
kshannon@myfumc.org - email

**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:

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\_\_\_\_\_  
(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)