

Liberty Learning Centers Inc.

Child Physical Form

Pre-Participation Physical Evaluation Form

Please have the top portion completed by a Licensed Health Care Provider

Dear Health Care Provider,

Your Patient _____ is enrolled at Liberty Learning Centers Inc. which requires a Pre-participation Physical Evaluation. Please complete the following. **Health Care Provider Information:**

Office: _____ Physician: _____

Address: _____

Phone #: _____ Fax #: _____

Child's Information:

Child's Name: _____ D.O.B. _____ Gender _____

Cleared without restrictions.

Cleared with recommendations: _____

Not Cleared, reason: _____

Allergies: _____

Treatment / Preventative Plan: _____

Immunizations: Up to date Not to date: Specify: _____

Recreational Activities: The child may participate in recreational activities. YES NO

Recreational Activity Restrictions: NONE Some Restrictions

(Description of Restrictions) _____

Physician Signature _____ **Date** _____

Parent(s) Legal Guardian(s) Please Complete the Following

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Signature:	Signature: