

PHYSICIAN'S REPORT

(TO BE COMPLETED BY PHYSICIAN ONLY)

2026-2027 Physician's name (please print): _____

Student's Name

Date of Birth

FBC Warren Christian School has enrolled the student named above for the 2026-2027 school year. Our daily program involves both vigorous indoor and outdoor play that is suitable to the child's age of development. For the safety of the child and for staff to be better prepared prior to the first day of school, we ask that the primary physician answer the following questions and clear the above child to attend school.

In your opinion, is this child physically, emotionally and mentally able to participate in our school program with other children his/her age? _____ If no, please explain.

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school? _____ If yes, please explain below.

Does this child have any allergies that require an EpiPen? _____ If yes, please list known allergies and procedures we should have in place in the event of an allergic reaction.

Does this child have any physical conditions that we should be aware of? _____ If yes, please explain and list any procedures that need to be in place for safety.

Date of most recent examination: _____

Physician's Signature

Date

Please return to:

FBC Warren Christian School
310 S. Main Street, Warren, AR 71671
Phone: (870) 226-5884