



Early Childhood Medical Statement
2016-2017 Academic Year
Ages 1- 5 (Toddlers – PreSchool 4)

_____ immunization record is current and on file at Zion
(Student's Name) Lutheran School.

(Name and Phone Number of Licensed Physician)

has examined my child within the past year and has found him/her to be physically fit.

_____ (Date)
(Parent/Guardian Signature)

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Physician's Verification - A doctor must sign this Medical Statement within 2 months of enrollment (see statement below).

(Name and Phone Number of Licensed Physician)

I have examined _____ on _____
(Student's Name) (Date of Examination)

and have found him/her to be physically fit, in good health and able to participate in all the activities at Zion Lutheran School.

(Physician's Signature) (Date)

- ❖ If you are unable to have your doctor personally sign the form at this time, please request that they fax Zion Lutheran School a form provided by the doctor's office in its place (**469-899-8876**). Otherwise, this Medical Statement must be followed within 2 months by a document from the physician who has examined your child.