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# Reminder:

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Dear Parent/Guardian,

Please bring in the current **shot records** along with a current medical statement.

## Children's Choice Learning Center

MEDICAL STATEMENT TO BE COMPLETED BY PHYSICIAN

Date of Examination: \_\_\_\_\_

\_\_\_\_\_ has been examined by me and found free of  
Child's Name

Infectious and contagious disease and is physically and mentally able to

Participate in group activities.

Any allergies or special recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN'S SIGNATURE

ADDRESS

TELEPHONE

Dear Parent/Guardian,

If your child is **4 yrs old** bring in documentation of Vision and Hearing Screening.

