



PHYSICAL CERTIFICATION FORM
2024-2025

THIS FORM IS TO BE FILLED OUT BY YOUR CHILDS PHYSICIAN

Dear Physician:

_____ (*print child's name*) will be enrolled as a student at the Robeson Lutheran Preschool for the 2024-2025 school year. Please review relevant medical records and list any known health conditions, allergies or diseases that are communicable, infectious or prohibit the child from participating in any preschool programs. Thank you in advance for your assistance.

ALLERGIES:

KNOWN HEALTH CONDITIONS:

KNOWN/CURRENT COMMUNICABLE OR INFECTIOUS DISEASES:

CONDITION THAT MAY PROHIBIT PARTICIPATION IN ACTIVITIES:

I certify that _____ (*print child's name*) is presently without any communicable or infectious disease, allergy, or known health condition that would prohibit the child from safely participating in preschool programs.

_____ (MD signed)

_____ Date