

**Preston Meadow Preschool**  
**MEDICAL STATEMENT FOR ADMISSION**  
**2019-2020**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Admission Requirement:**

**One of the following must be presented along with a copy of immunization records prior to when your child is admitted to Preston Meadow Preschool.**

**Please check only one option:**

1. **Health-Care Professional's Statement:** I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
Date

2. Attached to this form is a signed and dated copy of a health care professional's statement.
3. I am excluding my child from immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is for 2 years.