



CHURCH OF THE KING

Mother's Day Out Program

Physician's Report Form

MOTHER'S DAY OUT
Church of the King

Please note that the child's Physician must fill out this form.

Please print the following information:

Child's Name: _____ Birth date: _____

Parent's Name: _____

Immunizations Due and Date: _____

Child's General Health: _____ Good _____ Fair _____ Poor

Explain:

Allergies: _____

Childhood Diseases: _____

Specify any past or present significant illnesses: _____

Prescribed medications and drugs we should be aware of:

Yes _____ No _____ If yes, please list: _____

This child has been examined by me on _____ and is free of any
contagious or infectious disease. (Date)

Signature of Physician: _____

Date: _____ Telephone: (_____) _____

**** A copy of the Immunization Records must be included with this form to be kept on file.
This form will need to be completed each year before your child will be allowed to attend.**