



**MOTHER'S DAY OUT PROGRAM
Physicians Report Form**

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

Please print the following information.

Child's Name		Birth Date	
Parent's Name(s)			
Immunizations Due & Date			
Child's General Health	GOOD	FAIR	POOR
<i>Explain</i>			
Allergies			
Other conditions			
Prescribed Medication we should be made aware of	YES	NO	
<i>If YES, please list</i>			
The child has been examined and is free from any contagious or infectious disease.	YES	NO	
Physician Name		Contact #	
Signature			

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