



FIRST ASSEMBLY OF GOD CHILD DEVELOPMENT CENTER

MEDICAL STATEMENT UPDATE

Child's Name: _____ Sex: _____

Child's Date of Birth: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Date Completed: _____

I have examined the above-named child or have sufficient ongoing knowledge of his/her medical condition to state that this child is free of any communicable or infectious disease and is able to participate in a child care program.

Comments and/or Restrictions:

Physician's Signature _____

Date _____