Cypress Montessori School

Physician’s Examination on Child Statement

I have thoroughly examed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and believed that he/ she is in good health and physical condition and may participate in school or childcare.

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_