



Physical Condition Form
(School Age Students Only)
This form should be accompanied by
Immunization Records for the child

Child's Name: _____

I attest to the fact that my child is in good physical health, and that there has been no change in his/her physical condition since receiving a physical exam on : _____
(Date of physical on file in office)

My child is physically able to participate in the activities provided by the Dearborn Public Schools Early Childhood Programs:
___ Yes ___ NO

If "NO" please list specific limitations: _____

My child has allergies:
___ Yes ___ NO

If "Yes", please list specific allergies and the treatment protocol: _____

Should any of the above conditions change, I will promptly notify the Dearborn Public Schools Early Childhood Program staff.

Parent/Guardian printed name

Parent/Guardian signature

Staff Signature

Date

Date