



PHYSICIAN'S STATEMENT
(Fax to: Laurie McKee (806) 698-5729)

A Physician's Statement and Immunization Record are requirements for enrollment at LakeRidge LittleRidge. Please include this following form OR Physician's Statements and Shot Records may be FAXED to LakeRidge at the number listed above.

I have examined _____ and see no physical or emotional reason to restrict participation in the activities at the church weekday program.

I have noted the following, if applicable:

Restrictions of activity:

Special attention or care needed:

Date: _____ Signed _____
Physician

Please attach a copy of the child's immunization record to this form.