



Crosby Methodist Weekday School

1334 Runneburg Road, P.O. Box 1385

Crosby, TX 77532

Telephone 281-328-5460

Fax 281-462-0328

Weekday.school@crosbyumc.org

www.crosbyumc.org

PHYSICIAN'S WELL CHILD STATEMENT

Crosby Methodist Weekday School will accept a faxed copy of a "Well Child Statement" from your child's doctor. They may use this form or one of their own.

Child's Name

Child's Birthdate

I have examined the above named child within the past year and found that he/she is physically able to take part in a preschool program and activities.

Physician Signature

Date

Physician Name (Please print)

Note to parents: A current immunization record must also be provided to Weekday School.