



## Physician's Consent Form 2020-2021 School Year

This form, signed by a doctor, and a current Immunization Record must be submitted prior to the first day of school.

*A new form needs to be signed for each school year.*

Child name: \_\_\_\_\_

DOB: \_\_\_\_\_

The above patient has been seen in my office within the last year, and I find this child to be physically and mentally able to attend the Wesley Methodist Day School program.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_