

**Marietta First United Methodist Church Weekday Ministry**  
**56 Whitlock Avenue, Marietta, Georgia 30064**  
**770-429-7800 ext. 842; 770-420-0929 FAX**  
**PHYSICIAN'S STATEMENT**  
**2020-2021**

**To be completed by parent (please print):**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child had any serious illness, surgery or hospital stay? \_\_\_\_yes\_\_\_\_no. If yes, please explain on a separate sheet.  
Please indicate if your child has been recommended for and/or received professional assistance for any of the following issues  
(please explain on a separate sheet):

**To be completed by physician (please print):**

Vision\_\_\_\_ Speech\_\_\_\_ Language\_\_\_\_ Hearing\_\_\_\_ Developmental\_\_\_\_

Behavioral\_\_\_\_ Psychological\_\_\_\_ Educational\_\_\_\_ Emotional\_\_\_\_

I have examined the above named child and see no physical or emotional reason to restrict his/her participation in the activities  
at First United Methodist Church Weekday Ministry. Last Date Seen in Office: \_\_\_\_\_

I have noted the following, if applicable:

Allergies: \_\_\_\_\_

Does the child communicate in an age appropriate way? If not, please explain: \_\_\_\_\_

Disabilities/Handicaps or chronic diseases: \_\_\_\_\_

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Restrictions of activity: \_\_\_\_\_

Special physical care needed: \_\_\_\_\_

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Medication needed on a continuing basis: \_\_\_\_\_

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Three year olds must be toilet trained. Please indicate if you foresee any problems in this area:

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Physician's signature \_\_\_\_\_ date \_\_\_\_\_

Physician's name (Please print) \_\_\_\_\_

**Please return this form with a current Georgia Health Department Certificate of Immunization (GA Form 3231). Weekday Ministry is required by state law to have a current immunization on file. Your child may not attend school without meeting this requirement.**