Grace Kids Early Academy Medical Release

This medical statement is to be completed by Physician/Doctor.

Date of Exam: _____

_____ has been examined by me and found free of infection and contagious disease and is physically and mentally able to participate in group/preschool activities.

Any allergies or special needs:

_____
_____
_____
_____

Recommendations:

_____
_____
_____
_____

This section for 4 year olds only or older:
****Parents are required to provide written proof that a professional has screened their child**.

Vision Exam Results

Right Eye 20/ Left Eye 20/ O Pass O Fail

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				○ Pass ○ Fail
Left				○ Pass ○ Fail

_____ _____ _____

Physicians Signature Address Phone

(PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS)