



## Physicians Statement

\_\_\_\_\_ was seen in the office on \_\_\_\_\_,

By Dr. \_\_\_\_\_.

\_\_\_\_\_ may attend Aquinas Early Childhood Center with no restrictions.

\_\_\_\_\_ may attend Aquinas Early Childhood Center with the following restrictions.

**Allergies: Yes or No. If yes please explain in detail!**

\_\_\_\_\_  
**Dr. Signature**

\_\_\_\_\_  
**Date**