ESTABLISHED 1953
WESTHAMPTON day SCHOOL
Lessons that last a lifetime

Physician's Statement of Health

Student's Name:	Student's Date of Birth:
Parent/Guardian Signature:	Student's Home Address:

_________________________________ does/does not (please circle one) have a health
Student's Name

condition that prevents him/her from participating in physical activities or in group care.

_________________________________ _______________
Physician's Printed Name Date

____
Physician's Signature