



**GREENFIELD PARKS AND RECREATION
PRESCHOOL MEDICAL FORM**

Child's Name _____ Birthdate: ____/____/____

has had all immunizations necessary for his/her attendance at preschool for the

_____ 2022-2023 _____ School Year.

Parent/Guardian Signature

Parent/Guardian Signature

Doctor, Nurse's, Receptionist Signature

Date

A physical is not required...just a signature of a doctor/nurse/receptionist who has records verifying the immunizations.

