

*Return before or on the first day of school

LITTLE LAMB NURSERY SCHOOL

EPLER'S UNITED CHURCH OF CHRIST
1151 WEST LEESPORT ROAD, LEESPORT, PA 19533
610-926-1006 or 610-926-1135
eplers@epix.net
Facebook: llns eplers

PHYSICIAN'S CERTIFICATE

I have examined _____
and find that he/she has received all the necessary immunizations required
for his/her age.

****Please attach a copy of current immunizations**

I find _____
physically fit to participate in all activities of the Little Lamb Nursery
School of Epler's Church.

ALLERGIES:

PHYSICAL RESTRICTIONS:

DIETARY RESTRICTIONS:

**LIST ANY MEDICAL CONDITIONS REQUIRING MEDICATION
OR EMERGENCY PROCEDURES:**

Name of Physician

Physician's Signature

Date