

TRINITY-FIRST WEEKDAY MINISTRIES
801 N. Mesa
EL PASO, TEXAS 79902
915-533-2674

Physician's Statement

I have examined _____ and see no physical or emotional reason to restrict participation in the activities at the church weekday program.

I have noted the following, if applicable:

Restrictions of activity:

Special attention or care needed:

Date _____ Signed _____
(physician)

➤ **Please attach a copy of the child's immunization record to this form.**