



UNIVERSITY  
BAPTIST CHURCH

EARLY LEARNING CENTER

**MEDICAL RELEASE**

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**PRIMARY CARE DOCTOR**

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**INSURANCE**

Name of Primary Insured \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

**DOCTOR'S EXAMINATION STATEMENT**

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\*\*\* THIS SECTION IS TO BE COMPLETED BY THE CHILD'S PHYSICIAN \*\*\*

***PLEASE INCLUDE A COPY OF THE CHILD'S IMMUNIZATION RECORD SIGNED BY THE PHYSICIAN***

\_\_\_\_\_ (Name of Patient/Student) has been examined by me  
within the past 12 months and is found to be free of any contagious disease and is able to participate in a  
preschool program.

Signature of Physician \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_