



A MINISTRY OF FAITH LUTHERAN CHURCH

910 Mapleleaf Drive
Mt. Pleasant, IA 52641
(319)385-7336

Child Medical Update Form

I have examined _____, or have sufficient ongoing knowledge of his/her medical condition to state this child is free of any communicable or infectious disease, and is able to participate in a child care program.

Restrictions:

(Physician's signature)

(Physician's address)

(Date)

Note: This form is to be used for a child entering Son Shine Academy for the second or succeeding years.