

BACK CREEK PRESBYTERIAN CHURCH  
1827 Back Creek Church Road, Charlotte, NC 28213  
704-549-0922

**BACK CREEK CHRISTIAN ACADEMY**

PHYSICIAN STATEMENT

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_

Date of last complete "well" check-up: \_\_\_\_\_

Is this child on any long-term medication(s)? \_\_\_\_\_

if so, please list medication(s) and possible side effects that we might happen to observe: \_\_\_\_\_

Please list any medication or food this child is allergic to: \_\_\_\_\_

Please list any medical or behavioral condition(s) about which we should be aware: \_\_\_\_\_

IMMUNIZATION DATES:

DPT \_\_\_\_\_

OPV \_\_\_\_\_

HEPB \_\_\_\_\_

HIB \_\_\_\_\_

CP \_\_\_\_\_ MMR \_\_\_\_\_

Latest TB skin test \_\_\_\_\_

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

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