

**Dunwoody Baptist Preschool**  
**1445 Mount Vernon Road**  
**Dunwoody, Georgia 30338**  
**770-280-1230 (fax 770-280-1203)**

## Health Certificate

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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*Physicians Complete Information Below:*

**Known Allergies:** \_\_\_\_\_

**Special instructions / precautions for allergies:**

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*\*If an epi-pen is required, please attach separate authorization / instructions.*

**I certify that having examined this child, he/she is in suitable physical condition to participate in school activities.**

Printed or Stamped Name,  
Address, and  
Telephone # of  
Licensed Physician  
Or Health Department

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**Certified by (Signature)**

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**Date of Issue**

*Please provide a copy of your child's Certificate of Immunization Record (Form #3231), which you will receive from your doctor or health center.*