



Mt. Zion UMC Preschool, Inc.
1770 Johnson Ferry Road
Marietta, GA 30062
770-971-1478

Child's Name _____

Physician's Name _____ Phone _____

Allergies _____

Infectious Diseases _____

Special Medical Needs _____

Medical history of any type that the school should be aware of _____

Physician's Signature _____ Date ___/___/___

Immunizations Certificate 3231 must be provided by the child's physician. Preschools are required by Georgia Department of Human Resources to have this certificate on file.

This page and Certificate 3231 must be on file in the preschool office by **September 1st** or within 30 days from when the child is admitted to the program.