

LOOMIS COMMUNITY PRESCHOOL
6414 BRACE RD.
LOOMIS, CALIF. 95650

STATEMENT OF GOOD HEALTH FOR PARENT VOLUNTEER

NAME _____

BIRTHDATE _____

I will be a volunteer worker in a co-operative preschool. The duties of this position include direct work with groups of young children. Good physical health and emotional stability are necessary.

I am physically and emotionally able to be a volunteer in a preschool program.

Parent/Volunteer Signature _____ Date _____

T B TEST REPORT

Name: _____

Test Date: _____

Report Date: _____

Results: _____

Physician's Signature _____

