

**Marion Forsman-Boushie Early Learning Center**  
PO Box 498  
Suquamish, WA 98392  
360 394-8578



**Childcare, Head Start, and Early Head Start  
Doctor's Note**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Is this child contagious to other children in close proximity and does he/she need to remain out of school? (Circle one)      Yes      No

If so, on what date can this child return? \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name or Stamp