



HEALTH INFORMATION:

Name of child: _____ Date of Birth: _____

Immunizations: *(one of these must be submitted upon enrollment)*

_____ A copy of my child's immunizations are attached.

OR

_____ I choose not to have my child immunized and have attached a copy of the letter currently on file with the Texas Department of Health.

Health Care Statement: *(one of these must be submitted upon enrollment)*

_____ **Health care Professional's statement:**

I have examined the above named child within the past year and find that he/she is physically able to take part in the school's program.

Signature of Health Care Professional

Date

Printed Name

Address

Phone number



OR

_____ **Parent's statement:** My child has been examined within the past year by a health care professional and is able to participate in the school's program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the school.

Signature of Parent/Guardian

Date

OR

_____ **Medical diagnosis** and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.