

ST. PAUL'S EPISCOPAL SCHOOL HEALTH REQUIREMENTS

Child's Name _____ Date of Birth _____

ADMISSION REQUIREMENT: The following must be presented when your child is admitted to this facility. A Doctor's statement and immunization record are required by the State of Texas to be on file while a child is enrolled at a day care facility.

1. Doctor'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 a day care program.

Physician's Signature

Date

Physician's Address

Phone Number

2. Immunization Record: A copy of a current immunization record must be attached to this form. If immunization would be injurious to your child or family, you must obtain a certificate signed by your physician to that effect and attach it to this form.

3. Receipt of Illness Policy: I have received a copy of and understand the illness policy, and agree to abide with the terms.

I understand the admission requirements as mandated by the State of Texas, and agree to provide all necessary information on or before the first day of attendance.

Parent or Legal Guardian Signature

Date