

HEALTH STATEMENT

Child's Full Name: _____ Date of Birth: _____

Primary Care Physician: _____ Phone: _____

PCP Address: _____

Validation of Good Health

One of the following must be presented when your child is admitted to Angel Creek Preschool.

Please initial only one option:

Health Care Professional Signature	Date
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_____ HEALTH-CARE PROFESSIONAL'S STATEMENT:

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

or

_____ Signed and dated copy of a health care professional's statement is attached.

_____ 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.

Immunization Record

_____ I have attached a copy of my child's current immunization records.

Exemptions for immunization requirements must meet criteria specified by the Texas Department of State Health Services rules in 25 TAC §97.62

The immunization record must include:

- (1) The child's name and birth date;
- (2) The number of doses and vaccine type;
- (3) The month, day, and year the child received each vaccination; and
- (4) The signature or stamp of the physician or other health care professional who administered the vaccine

This document along with a current immunization record may be faxed to:

Angel Creek Preschool
FAX 972-462-1617
Office 972-462-8779 ext. 1401