



**FAITH LUTHERAN PRESCHOOL  
PHYSICIAN'S STATEMENT**

<b>Child's Name:</b>	<b>Date:</b>
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I have examined the child in the past year and find him/her to be in general good health.

I find him/her suitable for enrollment in a childcare program.

<b>Physician's Signature:</b>	
<b>Physician's Name Printed or Stamped:</b>	
<b>Physician's Address:</b>	<b>Physician's Phone #:</b>

**CHILD'S IMMUNIZATION REPORT**

**Child's immunization report is attached.**

*This record must be turned into the FLP Office at least 30 days after the first day of school.*

**An immunization exemption form is attached, as stated by the following;** *'The official Texas Department of State Health Services affidavit form must be notarized and submitted to school officials. The form must be submitted within 90 days from the date it is notarized. The school will accept only official affidavit forms developed and issued by the Texas Department of State Health Services (DSHS), Immunization Branch. No other forms or reproductions will be allowed.'*

I have provided all pertinent information for my child regarding allergies, medications, and medical conditions.	
X _____ Parent's Signature	_____ Date