

MEDICAL DOCUMENTATION FORM

Please provide a copy of child's current immunization record. The immunization record must include:

- Child's name and date of birth;
- Number of doses and vaccine type;
- Dates (month, day, year) the child received the immunization; and
- Rubber stamp or signature of the physician or health personnel.

MEDICAL AUTHORIZATION FOR PARTICIPATION IN THE PROGRAM

The following must be signed by a licensed health professional who has examined the child within the past 12 months.

I have examined _____ within the past 12 months.
This statement is documentation that the above named child does not have any medical conditions that would place the child or another child at risk by participation in the program at Mount Olive Preschool.

Physician's Signature

Date

Fax back to 512-288-2375

Thank you.