



Medical Documentation Form

As required by the Texas Health and Human Service Commission and Texas Department of State Health Services, a copy of your child's current immunization record is required. 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.

My (parent or legal guardian of said child) initials indicate below that:

_____ I have provided Mt. Olive Lutheran Preschool with a copy of my child's most current immunization record.

_____ I have provided Mt. Olive Lutheran Preschool with a copy of my child's hearing and vision screening. (Ages 4 and older only)

Medical Authorization for Participation in Mt. Olive Lutheran Preschool

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 Mt. Olive Lutheran Preschool.

Physician's Stamp or Signature

Physician's Name (Printed)

Date

Child's Name (Printed)

Date of Birth

Parent or Legal Guardian's Name (Printed)

Parent or Legal Guardian's Signature

Date