



# Becker School

## 2020-2021 PHYSICIAN AND IMMUNIZATION INFORMATION

**THIS FORM MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD STARTS SCHOOL**

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IMMUNIZATION RECORD & HEALTH CARE STATEMENT ARE REQUIRED ANNUALLY, AND MUST BE SUBMITTED BEFORE YOUR CHILD CAN BEGIN ATTENDING SCHOOL.

**CHILD'S NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**1. IMMUNIZATION RECORD: Must be attached from your doctor's office.**

I have provided Becker School with a copy of my child's most current immunization record.  
**AND**

**2. HEALTH CARE STATEMENT: Must be presented before your child attends Becker School each August.**  
Please check only one option:

a.  HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above-named child on \_\_\_\_\_  
(list date; must be within the past year) and find that he/she is able to take part in the Becker School program without restrictions.

\_\_\_\_\_  
Health Care Professional Signature Date

b.  A signed and dated copy of a statement from a health care professional is attached.  
Name, address and phone number of health care professional:

\_\_\_\_\_  
Name Address City

\_\_\_\_\_  
State Zip Phone

**Please return to:  
Becker School**

**Via Mail:  
1500 Sunset Blvd.  
Houston, Texas 77005**

**Fax: (713) 535-6493**

**E-Mail: marlenef@emanuelhouston.org**