Becker School

2018-19 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 Early Childhood Center with a copy of my child's most current immunization record.

AND

2. *HEALTH CARE STATEMENT*: Must be presented before your child attends Becker Early Childhood Center 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 early childhood 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 Early Childhood Center

Via Mail:
1500 Sunset Blvd.
Houston, Texas 77005

Fax: (713) 535-6493

E-Mail: marlenef@emanuelhouston.org