



# Becker School

## 2023-2024 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