

HEALTH REQUIREMENTS

A copy of an immunization record signed and stamped by a physician or health professional is required.

If immunizations would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

ADMISSION REQUIREMENT FOR ALL STUDENTS:

Child's Name: _____ DOB: _____

Physician Statement

Physician Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the Bright Beginnings Early Learning Program. I also certify that this child's immunizations are current and up to date.

Food Allergies: _____ No food allergy is present at this time
_____ Diagnosed food allergy see Emergency Plan

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number

Bright Beginnings Early Learning Program

110 N. Friendswood Drive

Friendswood, TX 77546

Phone (281) 482-7535 ext. 131

Fax (281) 624-4823

Email jillian@friendswoodmethodist.org