

HEALTH REQUIREMENTS

Name of child:	Date of birth:
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ADMISSION REQUIREMENTS:

The following must be presented upon admission to Faith Lutheran School:

1. SIGNED DOCTOR'S STATEMENT:

I have examined the above child within the past year and find he/she is physically able to take part in the school program.

Physician's signature

date

Physician's name: _____

Name of clinic: _____

Address of clinic: _____

Phone number of clinic: _____

2. COPY OF IMMUNIZATION RECORD

A copy of the most current immunization record from your health care professional must be submitted prior to the first day of attendance.

When additional immunizations are given during the school year, a current copy must be promptly submitted to the school office.