



St. Stephen Presbyterian
DAY SCHOOL

MEDICAL RELEASE FORM

Child's Name _____ Current Age _____ DOB _____

*****MUST BE COMPLETED BY CHILD'S PHYSICIAN*****

A current immunization record showing that the child is immunized against certain vaccine-preventable diseases as required by the Texas Department of State Services must accompany this form. A new/updated immunization record must be submitted after the child's yearly exam.

TB Results: Positive _____ Negative _____ Date _____ N/A

(Tuberculosis test to be completed if recommended by the Texas Department of Health.)

Physician's verification must be submitted if the child has had measles, mumps, or Varicella (Chickenpox).

PHYSICIAN'S VERIFICATION OF MEASLES, MUMPS, AND/OR VARICELLA (CHICKENPOX) ILLNESS:

This is to verify that this child had:

- Measles Approximate Date of Illness _____
- Mumps Approximate Date of Illness _____
- Varicella (chickenpox) Approximate Date of Illness _____

and does not need the vaccine.

Physician's Signature _____

Each child entering St. Stephen Presbyterian Day School is required to present the following statement certifying that the child has been examined by a physician within the past year, immunizations are up-to-date, and the child is physically able to participate in the school program.

PHYSICIAN'S STATEMENT:

I have examined the above child within the past year and find that he/she is physically and mentally able to take part in the St. Stephen Presbyterian Day School program.

Physician's Signature (Required) _____

Physician's Name (Please Print) _____

Address _____ Phone _____

Physician's License Number _____ Date _____