

**HEALTH FORM**  
**DUE IN SCHOOL OFFICE BY AUGUST 1<sup>st</sup>**

**RED APPLE SCHOOL**  
941 Bedford Eules Rd., Hurst 76053    817-284-7833 / Fax 817-284-3950  
[www.RedAppleSchool.org](http://www.RedAppleSchool.org)

**STATE LAW REQUIRES THAT ALL CHILDREN ENROLLED IN LICENSED CENTERS MUST HAVE COMPLETED HEALTH FORMS AND IMMUNIZATION RECORDS TURNED IN TO THE SCHOOL OFFICE BY THE FIRST DAY OF ATTENDANCE. *Children that do not have these documents on file in the office will not be allowed to attend until those records are current and on file. THERE WILL NOT BE ANY EXCEPTIONS.***

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**PHYSICIAN'S EXAMINATION and IMMUNIZATION RECORD**

Date of Exam: \_\_\_\_\_ Child's age this date: \_\_\_yrs. \_\_\_ mos.    Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Other tests \_\_\_\_\_

I have examined the child named on this form and find that he/she is able to participate in this preschool program. I have examined the immunization record and attest that it is a true and accurate listing.

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**A VERIFIED copy of your child's immunization record MUST be attached to this form.**