RED APPLE SCHOOL
Medical Information

Child's Name: _____ **Date of Birth:** _____
First Middle Last Month / Day / Year

ADMISSION HEALTH REQUIREMENT

One of the following must be checked for all children, AS WELL AS the attached up-to-date immunizations.

☐ Health-Care professional statement: I have examined the above-named child within the past year and find that he/she is able to participate in a school program.

☐ A form or handwritten statement from a health or service clinic.

☐ A notarized affidavit is provided by the child's parent stating: that medical diagnosis & treatment conflict with the tenets and practices of a recognized religious organization of which the parent is adherent or member; **OR** immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate signed by a health-care professional to that effect and attach it to this form.

IF YOU DO NOT HAVE ANY OF THE ABOVE:

☐ Parent Statement: My child has been examined within the past twelve months by a health-care professional and is able to participate in a childcare program.
WITHIN TWELVE MONTHS OF ADMISSION I WILL OBTAIN A HEALTH-CARE PROFESSIONAL'S STATEMENT AND WILL SUBMIT IT TO RED APPLE SCHOOL.

☐ My child has an appointment for a physical examination on (date)_____

Name /address of health-care professional: _____
I will submit the statement immediately following the examination.

Parent Signature: _____ Date: _____

Physician/ Healthcare Professional Name: _____

SIGNATURE OF HEALTHCARE PROFESSIONAL: _____ **DATE:** _____

Address: _____

Phone: _____

IMMUNIZATIONS

We must be provided with documentation
that has been validated by a health care professional
with a signature or rubber stamp.
Students may NOT start school till the office has either
current immunizations, or an original Affidavit of Exemption for the State of Texas.

PLEASE ATTACH A VALIDATED COPY OF SHOT RECORDS
OR A STATE AFFIDAVIT OF EXEMPTION