

Susanna Wesley Day School
1603 Baker Drive, Tomball, TX 77377 281-255-9301

Health Care Professional Statement

Admission Requirement: Your child must have the following prior to your child's admission:

You must have a statement from your child's physician stating that he / she has been examined in the past year and that he or she is able to take part in the Day School program. You may present this form for your physician to sign or you may provide a letter from your doctor. **The letter must state that the child has been examined in the last year and is able to take part in the program.**

Child's Name: _____

- HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the program.

Health Care Professional' Signature

Date

Name and address of health care professional

- You may provide signed and dated affidavit stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization. A signed affidavit must be on file before your child will be admitted.

I have provided the school with a copy of my child's most current immunization record. You will need to provide an updated immunization record when your child has been vaccinated.

Signature – Parent or Legal Guardian

Date

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School Ager Vaccination Record

School Age Children

If you have a school age child attending SWDS you do not have to have an immunization record on file. Fill out the following

My Child attends the following school:

Name of School and Address	School Phone #
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Yes____ No _____ His / Her immunization file is on file at the school and all required immunizations are current. Vision and Hearing screening records are also on file.

Immunizations must be current and on file at the above named school prior to enrollment.

I have provided the Day School with a copy of my child's most current immunization record.

Signature – Parent or Legal Guardian	Date
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