Medical Information 2024-2025

Preschool ON THE CREEK

MUST BE COMPLETED BY THE PHYSICIAN

Name of Child: _____ Date of Birth: _____ /_____ /_____

Please attach a copy of this child's most current shot record or a notarized Affidavit of Exemption.
The exemption form may be applied for from the Texas State Government website.

Allergies: ☐ Yes ☐ No

If yes, explain: _____

Does this child have any other medical conditions that should be mentioned (such as asthma, hay fever, etc.)?
☐ Yes ☐ No

If yes, explain: _____

DOCTOR'S STATEMENT

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

_____ _____
Physician's Signature Date

_____ _____
Print Physician's Name Physician's Phone Number

_____ _____
Address City, Zip