

Student's Name: _____

Birthdate: _____



IMMUNIZATION RECORD

Please have this chart completed and signed by a physician OR provide documentation.

Vaccination	1st dose date	2nd dose date	3rd dose date	4th dose date	5th dose date
POLIO					
DTP/DTaP					
HIB					
HEP A					
HEP B					
MMR					
PCV7					
VARICELLA					

Signature of Health Personnel if chart is filled out

Date

ANNUAL HEALTH EVALUATION

The following **Doctor's Statement** must be signed by your child's physician or a health care provider before your child is admitted to the Children's Center (or within one week of admission). A form or Written Statement from a health service or clinic may be attached to this form instead of a signature below. The separate form must include the doctor's statement and be dated within the past year.

Doctor's Statement: I have examined the above named child within the past year and find he/she is physically able to participate in the preschool program.

Physician's Signature for health statement

Date

MEDICAL TREATMENT WAIVER

I hereby give my consent and authorization for any representative of Park Row Christian Academy, in the event of a health-related emergency involving my child _____, to seek all medical care, while said child is in custody of the school. In the event such an emergency occurs on school premises, the child will be transported to Arlington Memorial Hospital. If an emergency occurs away from school premise, but under the guidance of school personnel, the child will be transported to the nearest medical facility.

This form must be notarized in order for it to be accepted by area hospitals and/or physicians.

Parent/Guardian's signature: _____ Date: _____

Please sign in front of a Notary, not in advance

Name of Notary _____ Date _____

For the County of Tarrant in the State of Texas. My commission expires on _____

Notary Signature _____