

Children of The Woodlands Methodist Weekday School
Medical Release and Immunizations 2010-2011 School Year

2200 Lake Woodlands Drive The Woodlands Texas 77380 Office Number 281-297-5959 Fax Number 281-297-5912

Our policies **require** that the following information be on file for each child before attending school, and that parents provide written notification of any immunization updates. Updated **immunization records** as well as your **physician's signature** are required annually within 30 days after your child's birthday.

Your child's completed forms must be on file or you will forfeit your child's opportunity to attend school.

Please ask your physician to complete the following questions

Child's Name _____ **Date of Birth** ___/___/___

has been examined by a licensed physician and is able to participate in a weekday school program.

Are there any restrictions from normal activities? ___yes ___no If yes, please explain:

State standards and school policy require the examination must occur annually.

Date of Last Well Child Examination ___/___/___

Physician's Signature or Stamp _____ Date ___/___/___

Physician's Phone Number _____ Fax Number _____

Physician's Address _____

- ✓ If your physician feels an altered immunization schedule is required for your child or prohibits immunization, please attach an explanation written and signed by the physician.

- ✓ Please attach an *Exemption from Immunizations for Reasons of Conscience* if applicable. *Sample Request forms for Exemption from Immunizations for Reasons of Conscience* are available in the school nurse's office.

Note: A copy of your child's immunization record must be attached to this form or faxed to our office.

Parent or Guardian Signature _____ **Date** ___/___/___