



ST. DAVID'S EPISCOPAL SCHOOL

MEDICAL INFORMATION

_____ whose date of birth is _____
has been enrolled at St. David's School or *Summer at St. David's*. Does this child have any physical condition that we should be aware of?

If yes, please explain: _____

Does this child require special attention, medication, or have any physical limitations that we need to take into consideration: _____

St. David's Episcopal School is required by the state of Texas (TDFPS) to show that each child enrolled in our school has had an annual physical, on or near their birthday. We must have each child's current immunization record on file.

PLEASE ATTACH UPDATED AND CURRENT IMMUNIZATION RECORD

PHYSICIAN'S STATEMENT

This child was examined by me on _____ (date) and found to be free of all contagious diseases and is physically able, with the exceptions noted, to participate in the school program at St. David's Episcopal School.

Physicians Signature: _____ Date _____

Print Name _____

Address _____

Phone _____