



Christian Academy of Little Saints

1520 Witte Rd. Houston, TX 77080

Medical Statement

Child's Name _____ Date of Birth _____ Gender : M / F

Parent's Name _____

Physician's Name _____ Email _____ Phone _____

Physician's Address _____

1. **Record of Immunization:** Please attach a copy of the child's immunization records. If you do not immunize your child, please attach your "Affidavit for Exemption of Immunizations by State of Texas."
2. Please list **any special problems or needs** including **allergies**, illnesses, previous illnesses, injuries, and hospitalizations during the last 12 months.
3. Please list any **medications** and **medical treatments** that the child is currently taking.
4. Please list any limitations in activities that the child should avoid or is not able to participate.

I have examined the above child within 12months and informed that the child is physically able to participate in a school program.

X _____

Physician's Signature

Date