

**ST. LUKE'S DAY SCHOOL
MEDICAL INFORMATION UPDATE**

The Texas Department of Family and Protective Services (a.k.a Licensing) requires St. Luke's Day School to maintain current records for each child, including date of annual well check and updated immunization record.

Please obtain a doctor's signature, date of well check, and attach an updated copy of immunizations.

Return completed form/immunization record to the Day School office no later than one week from date of appointment.

Child's Name _____ Birth Date _____ Gender _____

Doctor's Name _____ Phone _____

Please check any of the following special problems this child may have/have had:

- | | |
|---|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> injuries during the past 12 months |
| <input type="checkbox"/> existing illness | <input type="checkbox"/> medication prescribed for long-term use |
| <input type="checkbox"/> previous serious illness | <input type="checkbox"/> hospitalizations during past 12 months |
| | <input type="checkbox"/> other info of which the school staff should be aware |

If any of the above are checked, please explain: _____

I have examined the above named child on _____ (date of last well check) and found that he/she is physically able to take part in the Day School program.

Physician's Signature

Date