

**DOCTOR'S PERMISSION FORM**  
**Valley Ranch Baptist Preschool**

**(972) 304-8444 • OFFICE**

**(469) 635-5148 • FAX**

**CHILD'S NAME** \_\_\_\_\_

Please submit an updated copy of your child's immunization records for his/her student file. Your pediatrician's office is welcome to fax this directly to Valley Ranch Baptist Preschool at (469) 635-5148. Please note that no child will be admitted to the school until this report is on file in the Director's office.

The immunization record must include:

1. The child's name and birth date;
2. The number of doses and vaccine type;
3. The month, day, and year the child received each vaccination; and
4. The signature or stamp of the physician or other health care professional who administered the vaccine.

Exemptions for immunization requirements must meet criteria specified by the Texas Department of State Health Services rules in 25 TAC §97.62.

In addition, §746.611 (a) (1) requires a written statement/signature from a health-care professional indicating the child is physically able to take part in the preschool program.

**Signature of Parent or Guardian**

**Date**

**TO THE PHYSICIAN:**

This child is enrolled at Valley Ranch Baptist Preschool. The school meets for up to five hours daily, and we offer programs ranging from one to four days each week. The daily programs involve both vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

In your opinion, is this child physically and emotionally able to participate in a program like the one described above?      Yes \_\_\_\_\_      No \_\_\_\_\_

**DOCTOR'S PRINTED NAME** \_\_\_\_\_

**DOCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_