



Student Name _____ Grade _____

TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

MEDICAL AUTHORIZATION TO BE IN COMPLIANCE WITH STATE AND ACCREDITATION GUIDELINES, THIS FORM MUST BE SIGNED BY THE CHILD'S PHYSICIAN.

**CHILDREN MAY NOT BEGIN CLASSES UNTIL THIS AGREEMENT IS COMPLETED,
SIGNED BY THE DOCTOR AND RETURNED TO THE SCHOOL OFFICE.**

1. IMMUNIZATION RECORDS:

- Official notarized affidavit form issued by the Department of State Health Services (*affidavit is valid for 2 years*) if you are excluding child from immunizations. If the child's immunization record on file is current, then a new record is not necessary.

PRESCRIPTION MEDICATION: Child takes prescription medication *YES NO

**If yes, list medications:*

Name of Medication	Dosage	Will medication be given during the school day? If yes, list times	Physician's Name

2.

OVER THE COUNTER MEDICATION INFORMATION

PARENTS PLEASE NOTE: IN ACCORDANCE WITH STATE REGULATIONS:

If medication is to be administered at school: (a) medicine must be sent to the office in the original prescription bottle, and (b) dosage and times medication to be dispensed must be in writing and signed by parent.

3. TORAH DAY SCHOOL DOES NOT DISPENSE ANY MEDICATION (INCLUDING TYLENOL, ADVIL, ETC). IF YOUR CHILD REQUIRES MEDICATION, IT MUST BE SENT TO THE OFFICE IN THE ORIGINAL BOTTLE, MARKED WITH THE STUDENTS NAME, TIME AND DOSAGE REQUIRED.

Limitations in physical activity: _____

4.

5. PHYSICIAN SIGNATURE

_____ (child's name) has been examined by me and is physically able to participate in a school or day care program.

Physician signature	print name	date of examination

Physician address	phone

