



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 WITH ALL RELEVANT
FORMS ATTACHED .**

1. **IMMUNIZATION RECORDS:** All children must have a current and up-to-date immunization record.
 - If you choose not to vaccinate an official notarized affidavit form issued by the Department of State Health Services (*affidavit is valid for 2 years*) Please request an affidavit form from the office.

2. **PRESCRIPTION MEDICATION:** Child takes prescription medication *YES NO
*If yes, and medication is to be given during the school day, list medications (parents must submit medical suspension form):

<u>Name of Medication</u>	<u>Dosage</u>	<u>List times</u>	<u>Physician's Name</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. **Limitations in physical activity or other notation:** _____

4. 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

