

Westminster Weekday Schools

Westminster United Methodist Church
5801 San Felipe Houston, Texas 77057
(713) 782-1344 Fax (713) 977-0340
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Parents: Please have your doctor complete this form and **return it by May 2, 2014.**

Your child MUST BE UP TO DATE on all immunizations in order to be enrolled in the program.

During the summer or school year if your child's immunization records change or if he/she has a well check-up, please have your doctor's office fax the updated record or bring the updated record to the school office.

Child's Name _____ Class Name & Days _____

Doctor's Name _____ Child's Date of Birth _____

Doctor's Address _____ Doctor's Phone _____

Doctor's Fax _____

Medical Information (Shot record may be attached)

Immunizations	#1	#2	#3	#4	#5
DTap					
Hib					
IPV					
Hep A					
Hep B					
MMR					
PCV					
Varicella					

The following **MUST** be completed by and signed by your Pediatrician.

Allergies: _____

Special Needs: _____

Vision Testing: _____

Hearing Testing: _____

The above named person has been examined by me on _____
and has been found to be in good health and free of contagious disease, unless listed under
"Special Needs" to the contrary.

Physician's Signature _____

Date of Last Well Check: _____ Immunizations Up To Date: Yes _____ No _____