

SUMMIT CHRISTIAN ACADEMY

PO Box 1590 ~ 3122 Montgomery Road
Huntsville, TX 77342
936-295-9601
office@scahuntsville.org

PHYSICIAN RELEASE OR PARENT STATEMENT

Child's Name _____

Social Security Number _____ Date of Birth _____

Admission Requirement: One of the following must be presented when your child (*under the age of 5 years*) is admitted to the day care facility or within one week of admission.

Check to indicate the option you select.

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Physician's Signature

Date

OR

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

OR

A form or written statement from a health service or clinic.

OR

If you do not have any of the above or can not obtain it at this time:

PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

Name and address of Physician or address of EPSDT Screening Site:

Parent signature _____ Date _____

OR

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility

OR

My child has an appointment for a physical examination: Name & Address of Physician or EPSDT Screening Site: _____

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination. _____

****List** any special problems that your child may have, such as allergies, existing illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of: _____
