



## Health Admission Statement

**Admission Requirement: One of the following must be provided before your school age child is admitted to the Science School. New state laws will not allow a child to come to school, even one day, without medical release and immunizations records on file. Check the option below that you are using to satisfy this requirement and sign and date at the bottom of the page.**

Child's name \_\_\_\_\_ Class \_\_\_\_\_

### Options:

1. \_\_\_\_\_ Doctor's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in The Science School.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ A signed and dated copy of a health care professional's statement is attached.
3. \_\_\_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. \_\_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in The Science School.

\_\_\_\_\_  
Name and address of physician, or address of screening site, or health clinic  
Within the next 12 months, I will obtain a health care professional's signed statement and will submit it to the Science School.

**Signature of parent/legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child, you must obtain a certificate, signed by a physician, to that effect and attach it to this form.