

Health Statement Admission Requirement

In order for your child to be admitted to Lewisville Christian School, you must have your child examined by their doctor and secure his/her signature on this form and return it to our office by August 1.

Child's Name: _____ Date of Birth: _____

Signature of Parent or Legal Guardian Date

Name of Physician: _____

Address of physician's office: _____

Physician's office phone number: _____

Physician'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 Lewisville Christian School activities. I have also examined the child's Immunization Record and attest that it is a true and accurate listing.

Physician's Signature Date