

Grace Garden  
Where Love Grows  
Saint John's United Methodist Church  
2140 Allandale Road  
Austin Tx, 78756  
Office 512-371-5822  
Fax 512-452-6145 Attn: Kym Cooper

## Medical Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physician Statement

I have examined the above named child within the last 12 months and find that he/she is physically able to take part in a childcare program.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of last well check: \_\_\_\_\_

### **Admission Requirement:**

**In Accordance with the DPRS regulations, a completed immunization record must be on file by the date of admission or your child will be unable to attend.**

Please attach a copy of your child's most recent records.