Healthcare Professional Statement

Memorial Lutheran School Student Child's Name Child's Birthdate // I have examined the above named child within the past year and find that he/she is able to participate in your school's program.			
		Physician or Healthcare Professional Signature	Date
		I have provided the school a copy of my child's most updated immunizations.	
		Parent Signature	Date

Memorial Lutheran School 5800 Westheimer Rd Houston, TX 77057

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