

Five Star Montessori School

13260 Forkland Dr
Houston, TX 77077
Tel: 281-556-5665
Fax: 281-556-1310

I hereby authorize Dr. _____ to release shot records
and/or Physicians Statement for my child _____.

My child's birth date is _____.

Parent or Guardian's Signature

Date

Doctor's Phone Number

Doctor's Fax Number

Physician's Statement:

This child has been examined within the past year and he/she is physically
able to take part in normal activities of a child care program.

Physician's Signature

Date

_____ Please Attach Shot Records

Shots are current _____
Yes No

_____ Please Attach Hearing & Vision

Please Fax to 281-556-1310