



Spring Branch Presbyterian Academy

1215 Campbell Rd
Houston, TX 77055
(713) 464-6660

Immunization Record

Child Name: _____

Child Birthdate: _____

School-Age Children

Child's immunization record is current and on-file at school: YES NO

School Name: _____ School Phone: _____

School Address: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____

Date: _____

Physician Release

Physician Name: _____

I have examined the above-named child and find that they are physically able to take part in the daycare program.

Child is medically up to date with immunizations: YES NO

Physician Signature: _____

Date: _____