



## 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: \_\_\_\_\_