



HEALTHCARE PROVIDER STATEMENT

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

Please attach a copy of the child's Immunization Record.

Immunization Records must include a physician's stamp.
All Students must submit a yearly Healthcare Provider Statement
and Immunization Record per Texas Licensing requirements.

Describe any special problems noted during the examination (allergies, asthma, etc.)

I have examined the child named above within the past year and certify that he/she is free of communicable diseases and is physically and mentally able to participate in this program.

Date

X

Physician's Signature

Physician's Name:

Address:

Phone Number:

Parents may upload documents on Procure, email them to
school@firstpres-ep.org, or turn them in at the school office.

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