

Name _____ Class _____ Day(s)/ Time(s) _____



RIVER LEGACY
LIVING SCIENCE CENTER

Nature School Medical Statement

Child's Name _____ Phone _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Allergies _____

Medical Insurance Carrier _____

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Admission Requirement

One of the following must be presented within one week of the first day your child is admitted to River Legacy Nature School. **Please check only one option:**

_____ Health Care Professional's Statement: I have examined the above named child within the past year and find that he / she is physically able to take part in River Legacy Nature School.

Health Care Professional's Signature

Date

_____ A signed and dated copy of a health care professional's statement is attached.

_____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

Nature School Record of Immunization

The following immunizations are required by the Department of Family and Protective Services to be on file in the Nature School office prior to admission. Please attach a complete copy from physician.

Immunization	Dose 1 Date	Dose 2 Date	Dose 3 Date	Dose 4 Date	Booster Date
hepatitis B ^d					
DTaP/DT/DTP					
Hib ^c					
PCV-7, Prevnar					
IPV/Polio					
MMR ^{b,d}					
varicella ^{e, d}					
hepatitis A ^d					

Attach Immunizations Record

Updater's Signature

Date

Physician's Signature

Date