



First United Methodist Church  
140 Smirl Drive  
Heath, TX 75032  
972-771-6732

## Lil' Voyagers Health Requirements

**\*\*\* A copy of Immunization Record signed by a physician must be presented to program before admission.\*\*\***

NOTE: If medical diagnosis and treatment and I or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunizations would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

### Doctor's Statement

(The following must be presented to program before admission)

Child's Name: \_\_\_\_\_

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate in activities provided through Lil' Voyagers Preschool.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_