



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: _____