



SAINT MICHAEL  
EPISCOPAL SCHOOL  
DALLAS, TEXAS

# Health Care Professional Statement 2026-2027

**PER STATE LAW, THIS FORM *MUST* BE SIGNED/STAMPED BY YOUR CHILD'S PEDIATRICIAN BEFORE BEING RETURNED TO SMES.**

Child's name: \_\_\_\_\_

**Immunization Record:**

I have provided the childcare operation with a copy of my child's most current immunization record

**Admission Requirement:**

If your child does not attend prekindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child with in the past year and find that he/she is able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date

- 2.  A signed and dated copy of a health care professional's statement is attached.
- 3.  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.
- 4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of the health care professional:  
\_\_\_\_\_

\_\_\_\_\_  
Signature –Parent or Legal Guardian

\_\_\_\_\_  
Date