



The Learning Center  
3700 S. Mason Rd.  
Katy, TX 77450  
281-392-2273

### Physician's Statement

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

This form must be completed by your child's physician and include the physician's address and phone number. **It must be signed AFTER June 5, 2017**

List any allergies \_\_\_\_\_

If this child has been hospitalized within the last 12 months, please explain \_\_\_\_\_

Please list any conditions for which this child may require special treatment:

### PHYSICIAN'S EXAMINATION and IMMUNIZATION RECORD

Date of exam \_\_\_\_\_ Child's age this date \_\_\_\_\_ yrs \_\_\_\_\_ mos. Weight \_\_\_\_\_

**Hearing & Vision Tests:** State Minimum Standards requires all children 4 years and older must have hearing and vision test results on file. Most insurance companies will pay for this at your child's 4 year well visit. Please attach test results to this form.

I have examined the child named on this form and find that he/ she IS/ IS NOT able to participate in structured TLC programs. I have examined the immunization record and attest that it is a true and accurate listing.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a current copy of your child's immunization records. It is the parents responsibility to update this record with The Learning Center when your child receives immunizations.**