



# St. Helena's Episcopal School

Mailing address: P.O. Box 1765 Boerne, Texas 78006

Phone: 830-249-8084

Tiffany Jureczki, Head of School

## Health Statement

**Please submit this form with a copy of your child's complete immunization record.**

Child's Full Name \_\_\_\_\_

Name of health care professional \_\_\_\_\_

Address of health care professional \_\_\_\_\_

### HEALTH CARE PROFESSIONAL'S STATEMENT:

I have examined the above named child within the past year and find that he/she is able to take part in school.

\_\_\_\_\_  
Health Care Professionals Signature

\_\_\_\_\_  
Date

*Health care professional*, please list any medical conditions, food or other allergies, medications, or other pertinent information that may affect the care of this child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit this form with vision/hearing screening results if your child is 4 years of age or older.**