



# HEALTH INFORMATION

**ADMISSION REQUIREMENT:** Please complete before Calvary Episcopal School (“the School”) starts.

**CHILD’S NAME:** \_\_\_\_\_

*Please check only one option:*

1.  **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 the School’s program.

\_\_\_\_\_

**Health Care Professional’s 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 School’s program. Within 12 months of admission, I will obtain a health care professional’s signed statement and will submit it to the School.

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

\_\_\_\_\_

\_\_\_\_\_

**Signature – Parent or Legal Guardian**

\_\_\_\_\_

**Date**

<b>VISION</b>	R 20/____	L 20/____		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Signature: _____				Date: _____
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<b>R</b>				
<b>L</b>				
Signature: _____				Date: _____

\_\_\_\_\_

**Signature – Parent or Legal Guardian**

\_\_\_\_\_

**Date**