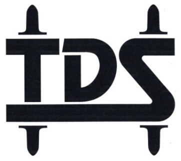

B"H

TORAH DAY SCHOOL OF HOUSTON

10900 Fondren Road • Houston, Texas 77096 • 713-777-2000 • Fax 713-776-0036 • www.tdshouston.org

MEDICAL AUTHORIZATION FORM

CHILDREN MAY NOT BEGIN CLASSES UNTIL THIS AGREEMENT IS COMPLETED, SIGNED BY THE DOCTOR, AND RETURNED TO THE SCHOOL OFFICE WITH ALL RELEVANT FORMS ATTACHED.

Student Name: ____ Grade:__________

1. IMMUNIZATION RECORDS: Please attach. All students must have a current and up-to-date immunization record. Medical waivers are accepted only from doctors at local licensed healthcare establishments such as Baylor, Texas Childrens', and Memorial Hermann.

2. MEDICATION: Any medications to be given in school must be sent to the school office in their original bottles with dosage and times to be dispensed in writing, signed by a parent. Please list any medications that will regularly be dispensed in school:

Name of Medication	Dosage	Times	Parent Signature
________________________	__________	__________	______________
________________________	__________	__________	______________
________________________	__________	__________	______________

3. HEALTH HISTORY: Please check the child's pre-existing conditions, if any:

___ADD/ADHD ___Allergies (specify) ___Asthma ___Chicken Pox
___Diabetes ___Heart Disease ___Headaches ___Hospitalizations (specify)
___Seizures ___Surgery (specify) ___Serious Accident (specify) ___Bladder/Urinary
___Other

Details: ____

4. LIMITATIONS IN PHYSICAL ACTIVITY: List if any: ____

____

5. PHYSICIAN SIGNATURE: The child named on this form has been examined by me and is physically able to participate in a school or daycare program.

_________________________ _________________________ _________________
Physician's Signature Printed Name Date

____ (_____)______-_______
Physician Address Physician Phone