



Kids R Kids of Rosenberg (KRK #83 TX)
502 FM 2977
Rosenberg, Texas 77469
Phone #: (281) 454-3604 Fax #: (832) 363-3606

This form is for Parents to authorize their Child's Doctor's office to fax the info to the school.

I hereby authorize Dr. _____ to release shot records and/or this signed Physician's Statement for my child _____ to Kids 'R' Kids Rosenberg. My child's birth date is _____.

All forms and statements are to be faxed to Kids R Kids.

Parent/Guardian Signature _____ Date _____

Physician's Phone Number _____ Physician's Fax Number _____

Physician's Statement:

This child has been examined within the past year and he/she is physically able to take part in the normal activities of a childcare program.

Physician's Signature _____ Date _____

Shots are current? YES _____ NO _____

Allergies? YES _____ NO _____ Describe _____

Special Needs (if any) _____

Please attach the following checked forms:

_____ Please attach shot records

_____ Please attach vision/hearing screening (for only 4 yrs old and Up)