

# Medical Verificaiton

**IMMUNIZATION RECORD:**

- I have provided Rooted Life Montessori with a copy of my child's most current immunization record.
- I have provided Rooted Life Montessori with a copy of the State Of Texas Immunization Exemption Form

**ADMISSION REQUIREMENT:** It is required that your child is examined by a healthcare professional once per year. It is required that at the end of each 12 month period for a current healthcare statement to be submitted to Rooted Life Montessori.

1.  A signed and dated copy of a health care professional's statement is attached.
2.  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.

Name and address of health care professional:

\_\_\_\_\_ Signature - Parent or Legal Guardian \_\_\_\_\_ Date

**Vision Requirement:** If your child is under the age of 4 it is not required that they have a vision or hearing check.

1.  My child is under the age of 4 I will submit a vision and hearing screening after their 4th birthday
2.  I have submitted a vision and hearing screening for my child

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
<b>R</b>			
<b>L</b>			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_ Signature – Parent or Legal Guardian

\_\_\_\_\_ Date