THE BRIARWOOD SCHOOL MEDICAL RELEASE & IMMUNIZATION INFORMATION FORM

The State of Texas Health Laws requires that we keep current health and immunization information on each student. This form must be completed by your doctor and returned to The Briarwood School prior to your child's start date.

Student Name	Date of Birth	Phone
Student Address		
HEALTH HISTORY: Mark all that apply.		
Allergy:	Rheumatic Fever:	·
Asthma:	_ Cardio/Vascular:	
Diabetes:	Seizures:	
Daily Medication:		
Other:		
<u>VISION</u> :		
Wears glasses:YesNo		
Right Eye: Left Eye	:	
HEARING:		
Right Ear: Left Ear	:	
My patient,has my approval to attend The Briarwood S restrictions apply. If none, please state:		
PLEASE RETURN THIS FORM ALO	NG WITH THE <u>IMMUN</u>	NIZATION RECORD TO:
THE DD	IARWOOD SCHOOL	

THE BRIARWOOD SCHOOL

12207 Whittington Drive Houston TY 77077

12207 Whittington Drive, Houston, TX 77077 Phone: 281-493-1070 Fax: 281-493-1343

Doctor's Signature	Date