



Child's Day

Preschool · Kindergarten · Child Development Center

2525 Wallingwood Drive # 100 • Austin, Texas 78746
Phone: (512) 327-3274 • FAX (512) 327-3281

Dear Parents,

As you know, the Texas Department of Health requires children enrolled at child care facilities to have immunizations in accordance with their prescribed schedule. The Health Dept. and licensing regulations also **require** centers to maintain **current** information on the immunization status of each child enrolled.

To make it easier for the Center to obtain updated immunization information when necessary, we request that you complete and sign the form on the back of this letter, authorizing us to request and receive the necessary information directly from your child's doctor's office. We will then be able to reproduce your authorization on the back of a PHYSICIAN'S MEDICAL REPORT form and FAX or mail the form directly to the doctor's office. Hopefully, this will save all of us some time and effort while improving the accuracy of our records.

Please contact me if you have any questions.

Thank you very much for your cooperation!

Sincerely,

Child's Day

AUTHORIZATION TO PROVIDE PHYSICIAN'S MEDICAL REPORT

To:

Please print

_____	Physician Name
_____	Medical Practice Name
_____	Address
_____	City, State, Zip

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You are authorized to provide our child care center with the medical and immunization information requested with this page.

Please print:

Child's Name	Birth Date
Parent's Name(s)	
Address	

Signed _____