



Spring Branch Presbyterian Academy

1215 Campbell Rd
Houston, TX 77055
(713) 464-6660

Physician Release

(To Be Completed by Physician)

Child Name: _____

Child Birthdate: _____

Physician Name: _____

I have examined the above-named child and find that they are physically
able to take part in the daycare program.

This child is medically up to date with immunizations: YES ____ NO ____

Physician Signature: _____

Date: _____

Parent / Legal Guardian Signature: _____

Date: _____