



THE LEARNING CENTER

AT LIVING WORD LUTHERAN CHURCH

The Learning Center
3700 S. Mason Rd. Katy, TX 77450
281-392-2273

Physician's Statement

Child's Name _____ Birth Date _____

This form must be completed by your child's physician and include the physician's address and phone number. **It must be signed ON or AFTER June 8, 2026**

List any allergies _____

If this child has been hospitalized within the last 12 months, please explain _____

Please list any conditions for which this child may require special treatment:

PHYSICIAN'S EXAMINATION and IMMUNIZATION RECORD

Date of exam _____ Child's age this date ____ yrs ____ mos. Weight _____

Hearing & Vision Tests: *State Minimum Standards requires all children 4 years and older must have hearing and vision test results on file..* Most insurance companies will pay for this at your child's 4 year well visit. **Please attach test results to this form.**

I have examined the child named on this form and find that **he/ she is** able to participate in structured TLC programs. I have examined the immunization record and attest that it is a true and accurate listing.

Physician's signature _____ Date _____

Please attach a current copy of your child's immunization records. It is the parents responsibility to update this record with The Learning Center when your child receives immunizations.