



Little Lambs Early Childhood Center

20155 Cypresswood Drive

Cypress, Texas 77433

Phone: 281-373-0052 Fax: 281-256-2070

www.littlelambsecc.org

IMMUNIZATION AND HEALTH FORM

***** A physician MUST sign this statement. We must also have a current copy of immunization records from the doctor. This must be on file within 10 days for the child to attend school. *****

Name _____ Date of Birth _____
Address _____ Home Phone _____
Parents' Name _____

Immunization Record:

PLEASE INCLUDE A COPY OF THE MOST RECENT SHOT RECORD THAT INCLUDES ALL REQUIRED IMMUNIZATIONS.

Medical History:

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____
Flu _____ Meningitis _____ Convulsions _____ Allergies (List) _____

Is there any evidence of:

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech difficulties? _____

I hereby certify that _____ has been examined by me and is able to attend a weekday program for young children.

Doctor's Signature Date

Doctor's Name (please print)

Doctor's Address and Telephone Number