



To: FUMC Day School
800 West 5th Street
Ft. Worth, TX 76102
(817)870-9174 - Preschool
(817)546-4414 - PDO
(817)339-5073 - FAX

STUDENTS MEDICAL STATEMENT

_____ has been examined by me and found free of infections and contagious disease and is physically able to participate in group activities.

Other comments:

(Physician's Signature)

(Date)

(Address)

Please list names of individuals authorized by you to have access to health information regarding your child.

1. _____
2. _____
3. _____

(Parents signature)

(Date)

***CONFIDENTIAL PROTECTED HEALTH INFORMATION:** This document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996("HIPAA"). Federal and Texas law and District policy prohibit and require utilization of appropriate safeguards against wrongful use, assess or disclosure of protected health information, other than as allowed by applicable Federal and State law and District policy. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal and/or State law, discipline by the District or both.*