



THE WOODLANDS  
**CHRISTIAN**  
ACADEMY

## Health Statement

\_\_\_\_\_  
**Student's Name**

**One of the following must be presented on the day of enrollment: (Check to indicate the option that applies).**

\_\_\_\_\_ Doctor's Statement: I have examined the above-named child within the last year and find that he/she is physically able to take part in physical education, athletics, and etcetera.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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**Complete if you do not have the above:**

\_\_\_\_\_ Parent's statement: My child has been examined within the past year by a licensed Physician and is able to participate in physical education, athletics, ECT.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Note: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign a notarized affidavit to the effect and attach it to this form.

If immunization would be injurious to your child or family, you must obtain a certificate (signed by a licensed physician to that effect) and attach it to this form.