

**Luray United Methodist Preschool**

**1 West Main Street, Luray, VA 22835**

**Phone 540-743-6540    lurayumc@embarqmail.com**

**Physical Exam and Immunization Records**

A completed immunization form must be in the child's record by the date of the child's admission. The form must have the child's name, be signed or stamped and dated by a licensed physician, the physician's designee, or an official of a local health department. The form must contain a statement (typed or handwritten) that the child is adequately immunized.

Immunization form is completed and attached:

Immunization records must be kept current. I understand every time an immunization is given to my child, I will provide a record signed and dated by a physician that includes the name of the immunization and the date it was given.

I will return to the office all updates on immunizations as required.

Parent/Guardian

Signature \_\_\_\_\_ date \_\_\_\_\_

**Agreements**

I understand the facility will notify parents or guardians should my child become ill and the child will be picked up promptly.

I understand that in case of an emergency the facility will obtain medical care if parents cannot be located.

I understand I will notify the preschool within 24 hours if any family member has a communicable disease.

I understand in the event my child is not picked up by 11:45, phone calls will be made to the parents first then to Emergency Contacts.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_