



# ADMISSION REQUIREMENT

**This form is to be completed and returned July 17  
on Paper Registration Packet Day**

**One of the following must be presented when your preschool-age child is admitted to Immanuel Lutheran ECE. Check to indicate the option you select:**

1. \_\_\_ Doctor's Statement: I have examined the above-named child within the past year, and find that he/she is physically able to take part in the ECE program.

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

2. \_\_\_ A signed and dated copy of a health care professional's statement is attached.

3. \_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. \_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the ECE program. I have attached a copy of their Well-Child checkup/Appointment Details.

.....  
**\_\_\_\_\_ I have attached my child's current immunization record**  
.....

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

**All information requested below must be filled in**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Licensed Physician \_\_\_\_\_ Physician Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Hospital Address \_\_\_\_\_ Hospital Phone \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital

Signature of Parent/LegalGuardian \_\_\_\_\_ Date \_\_\_\_\_