Attestation Form

Your student/patient ________________________________ is participating in the summer Junior Volunteer program at CHRISTUS Santa Rosa Health System. In order to participate in the program, students must provide acknowledgement from their current school district or Physician that they are compliant with State of Texas immunization requirements.

Please indicate immunization status below (X):

_________ All immunization requirements have been met.

_________ All immunization requirements have not been met.

School District/Physician Name (please print): ________________________________

School District Health Care Provider/Physician Signature: ________________________________

Date: ____________

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Parental/Guardian Consent for Release of Information:

I, ________________________________ {Parent/Guardian name} give ________________________________ {School District or Physician name} permission to indicate immunization information for my child ________________________________ {Student name} to CHRISTUS Santa Rosa Health System Junior Volunteer Program for screening purposes.

Parent/Guardian Name: (please print) ________________________________

Parent/Guardian Signature: ________________________________

Date: ____________

(Rev. 4/15)