

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: _____

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: _____