



WESLEY
DAY SCHOOL
BEAUMONT, TEXAS

Physician's Consent Form 2024-2025 School Year

This form, signed by a doctor and a current Immunization Record must be submitted prior to the first day of school.

A new form needs to be signed for each school year.

Child name: _____

DOB: _____

The above patient has been seen in my office within the last year, and I find this child to be physically and mentally able to attend the Wesley Methodist Day School program.

Physician's Signature: _____

Date: _____