LCCA Physician’s Statement

2025-2026

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Check only one option:

1. \_\_\_\_ Health Care Professional’s Statement: I have examined the above-named child within the past year and find that they are able to take part in the PreK3 or PreK4 program at Lampasas Community Christian Academy LCCA.

Health Care Professional Signature / Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Health Care Professional Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Health Care Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ A signed and dated copy of a health care professional’s statement is attached.
2. \_\_\_\_ 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 form developed by the Department of State Health Services stating this.
3. \_\_\_\_ My child has been examined within the past year by a health care professional and is able to participate in the PreK3 or PreK4 program at Lampasas Community Christian Academy. Within twelve months of admission, I will obtain a health care professional’s signed statement and submit it to Lampasas Community Christian Academy.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_