



# Children's Medical Center

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## SCHOOL FORMS REQUEST

I, \_\_\_\_\_ AM REQUESTING HEALTH FORMS  
PARENT OR GUARDIAN

FOR MY CHILD(REN) LISTED BELOW: ***(Please check one or both)***

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

HRS 680 (BLUE IMMUNIZATION FORM)  HRS 3040 (YELLOW PHYSICAL FORM)

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

HRS 680 (BLUE IMMUNIZATION FORM)  HRS 3040 (YELLOW PHYSICAL FORM)

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

HRS 680 (BLUE IMMUNIZATION FORM)  HRS 3040 (YELLOW PHYSICAL FORM)

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

HRS 680 (BLUE IMMUNIZATION FORM)  HRS 3040 (YELLOW PHYSICAL FORM)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PHONE# \_\_\_\_\_ DATE \_\_\_\_\_

**I WILL PICK UP**

**PLEASE MAIL TO:** \_\_\_\_\_

**PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING**

**NOTE: YOUR CHILD MUST HAVE HAD A PHYSICAL (WELL CHILD) EXAM  
WITHIN *ONE YEAR* OF TODAY'S DATE IN ORDER TO RECEIVE A  
YELLOW FORM...NO EXCEPTIONS.**