## Auburn Union School District Health Services

| Child  | ld's Name   | Date  |
|--|---|---|
| Scho   | ool7  | eacher  |
| Dear   | r Parent/Guardian:  |   |
| physi<br>repor   |   | cy, as well as California Law, to require ents. Your child's health record is lacking a cals must be completed when the child is at a |
| 90 da  |   | onths before entering kindergarten and up to E TO COMPLY WITH THE LAW CAN CLUDED FROM FIRST GRADE.                                    |
| If you   | ou do not have your own physician and v   | m your regular family doctor or pediatrician. wish to know where your child may have a and Disability Prevention Program at 1-800-    |
| entry  |   | ase take the attached state approved school signed by the health examiner and returned appleted.                                      |
| plar   | order to keep our records up-to-<br>ins in regard to this matter. Plea<br>d return it to the school as soon a | se complete the following section   |
| processed  | I have an appointment: Date   | with Dr   |
| processing   | I do not believe in physical examination and immunizations for religious or personal beliefs.                 |   |
|  | Other   |   |
|  |   |   |
| Nacional de la constante de la | Parent/Guardian Signature   | Date  |