

Form of Affidavit
State of Alabama
County of Tuscaloosa

BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID STATE AND COUNTY APPEARED

_____ AND IS KNOWN TO ME, AFTER BEING

DULY SWORN OR AFFIRMED, SAYS AS FOLLOWS:

THAT AFFIANT IS THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD/CHILDREN

_____ ; THAT THE AFFIANT HAS BEEN NOTIFIED

BY **DAN LANCASTER**, A REPRESENTATIVE OF **TUSCALOOSA CHRISTIAN SCHOOL**,

THAT SAID CHURCH OR SCHOOL HAS FILED NOTICE AND IS EXEMPT UNDER LAW

FROM REGULATION BY THE DEPARTMENT OF HUMAN RESOURCES.

_____ PARENT/LEGAL GUARDIAN

SWORN, OR AFFIRMED TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____.

_____ NOTARY PUBLIC

My commission expires: _____

Child's Medical Report

(This form may be used for household members younger than 19 years of age.)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent of Guardian: _____

Address: _____

Telephone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date