

# Immunization Records Request



Please complete and return my child's Immunization Records to:

**Morning Star Academy**

**Attn: Sandra Lira**

903.583.6035 | Fax

**NOTE: Immunization records must be stamped or have a doctor's signature.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Doctor's Office: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (Printed)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_