



Special Learning Center

1115 Fairgrounds Road • Jefferson City, MO 65109
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MEDICAL EXAM REPORT AND IMMUNIZATION RECORD RELEASE FORM

I give permission for _____ to release the
(Physician)

Immunization Record for my child to the Special Learning Center. This release is for child care/school purposes only.

Child Name _____

Date of Birth _____

Parent/Guardian Name _____

Signature _____ DATE _____