



**MEDICAL AFFIDAVIT**  
 ST PETER PRESCHOOL  
 15701 CLEVELAND GIBBS ROAD  
 ROANOKE, TX 76262

I/We, \_\_\_\_\_, parent(s) or guardian(s) of:

\_\_\_\_\_ Child's Name

do hereby state the medical diagnosis and treatment conflict with the tents and practices

of a recognized religious organization, \_\_\_\_\_

of which I/we are an adherent or a member.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date