Rebecca Conner, LICSW, PIP

6304 Wynwood Lane

Trussville, AL 35173

(205) 310-0581

[conneradoption@gmail.com](mailto:conneradoption@gmail.com)

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(**Please print legibly )**

You are hereby authorized and requested to furnish and release to Rebecca Conner, LICSW, PIP a statement regarding my child’s mental or physical condition. Please give all requested information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Child’s immunizations are up to date

\_\_\_\_\_\_ Child’s immunizations are not up to date (doctor must explain in space below what the immunization schedule is )

\_\_\_\_\_\_This child is under my care and is healthy, free of communicable disease, and free of any known behavioral or emotional issues.

If this child has any ongoing illness, communicable disease or any known behavioral or emotional issues doctor needs to explain in space below or on separate signed sheet what the illness, disease or issues are and how they may effect a child that is adopted into this family.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED name of Physician

(so that I am able to read please)

Address

When completed, please return to parent.