

**GRANBURY INDEPENDENT SCHOOL DISTRICT**

PREGNANCY RELATED SERVICES – Verification of Delivery

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ delivered a baby on \_\_\_\_\_ .  
(STUDENT'S NAME) (DATE)

COMMENTS:

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

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name - Printed

\_\_\_\_\_  
Date