



## Child's Health and Information Form

Child's Name:	Preferred Name (if applicable):	Date of Birth:
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### Health Requirements for Children

1. Evidence must be presented for each child upon entering care stating that he/she is physically able to take part in our program.
2. At the beginning of each school year thereafter, evidence must be presented that the child continues to be able to participate in our program.
3. **A current immunization record for each child must be maintained at our facility.** (When your child receives additional doses or boosters, you must update his/her record immediately. These records are audited regularly by the Texas Department of Health. )

### Admission Requirement Upon Starting

**The following must be presented when your child is admitted to our facility.**

┌ A written statement from a licensed physician, signed and dated, certifying that the physician has examined your child within the past year, and that the child is physically able to take part in our program.

“I have examined the above-named child within the past year and find that he/she is physically able to take part in your program.”

\_\_\_\_\_

Date: \_\_\_\_\_

(Physician's Signature)

### If you are a current family and have already submitted signed statement from a doctor please sign statement below:

┌ A signed statement from the parent as follows: “My child has been examined within the past year and is able to participate in your program.” My child was examined by \_\_\_\_\_

(Physician's Name)

located at \_\_\_\_\_  
(Physician's Address and Phone Number)

**NOTE: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign a notarized affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family, you must obtain a certificate signed by a physician to that effect and attach it to this form.**

### Vision and hearing screenings (required for four and five year-old children by Texas State Licensing):

┌ I will provide a vision and hearing screening record from my child's physician upon the time that my child turns four years old.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Date Received: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Administrator)