

Health Requirements

NAME: _____

DOB: _____

Please include a complete record of the child's immunizations.

My child had the chickenpox disease on _____ .
Date of disease

Date Signed

Parent's signature

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to CLC or within one week of admission. **Please check only one option:**

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Signature - Medical Professional Date

A signed and dated copy of a health care professional's statement is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. **Within 12 months of admission,** I will obtain a health care professional's signed statement and will submit it to CLC.

*****IN ADDITION, PLEASE PROVIDE THE FOLLOWING INFORMATION AND SIGN BELOW:**

Name, phone and address of health care professional:

Signature - Parent or Legal Guardian Date

Four-Year-Olds:

ALL four-year-old students are required by the Texas State Health Code to have a vision/hearing screening on file, signed and dated by a medical professional.

<u>HEARING</u>	1000Hz	2000Hz	4000Hz	
Right				Pass ___ Fail ___
Left				Pass ___ Fail ___
Dr. Signature			Date	

<u>VISION</u>	R 20/___	L 20/___	Pass ___ Fail ___
Dr. Signature		Date	