

ADMISSION FILE INFORMATION

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT I have examined the above named child within the **past 30 days** and find that he/she is physically able to take part in the child care program. The child has/does not have any known allergies.

Physician Signature

Date

2. 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.

3. 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 the child-care operation.

Date of Last Exam: _____ By (name of physician) _____

address and phone number of the **Healthcare Professional:**

Physician Name (please print)

Office Phone number

Office Street Address

City and Zip Code

SCHOOL AGE CHILDREN ONLY:

- My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

- His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

- ride a bus, and/or

- walk to or from school or home,
 be released to the care of his/her sibling(s) **under 18 years old.**

Name of sibling(s): _____

HEALTH RECORDS (mark all that apply):

- I have provided the childcare operation a copy of my child's most current immunization record.
- I have provided the childcare operation an **Allergy Action Plan** for my child signed by the physician.
- I have provided the childcare operation a copy of my child's most current Health Statement signed by the pediatrician office.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.. (For additional information regarding immunization contact the Department of State Health Services. (<https://www.dshs.texas.gov/immunize/school/exemptions.aspx>))

4-years old and older: My Child has had Vision and Hearing test completed by his/her healthcare professional. Yes / No

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date