Child's Health Information

The Texas Department of Family and Protective services requires all children attending a childcare or preschool program have a health statement on file at the program along with a current copy of the child's immunization records (must have signature or stamp of physician) within one week of admission.

Child's Name: _____ Date of birth: _____

List any special needs tht your child may have, such as environmental allergies, food intolerances, existing illness, previous serios illness, injuries and hospilatzitions during the last 12 months, any mediciation prescribed for long-term continuous use, and any other information which the caregivers should be aware of:

Does your child have diagnosed food allergies?	Yes	No	

If yes, please list allergies and reaction. Information should be included on the Heath Statement from a professional health care provider.

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

2. _____ Medical diagnosis and treatment conflict with the tenents 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 the following health care professional and is able to participate in the day care program. Within 12 months of admissioin, I will obtain a health care professional's signed statement and will submit it to the child care operation.

Name and address of health care professional:

_____ _____

Signature - Parent or Legal Guardian Date