

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: _____

Child's Special Care Needs, check all that apply (Information should be included on the Health Statement from a professional health care provider.)

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing Illness | <input type="checkbox"/> Adaptive equipment include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other | |

Explain any needs selected above:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Does your child have diagnosed food allergies? ☐ Yes ☐ No | Food Allergy Emergency Plan Submitted Date:

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

Signature - Parent or Legal Guardian

Date