

Health Requirements

NAME: _____

DOB: _____

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

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

Parent's signature _____

Date Signed _____

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.

X _____

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:

X _____

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	