

Health Requirements

NAME: _____

DOB: _____

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

If your child has had chickenpox, please complete this statement:

My child had Varicella disease (chickenpox) on/about (date) _____ and does not need the Varicella vaccine.

Parent's signature _____

Date _____

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.

Name, phone and address of health care professional:

X

Signature - Parent or Legal Guardian

Date _____

ALL 4 year olds and all Kindergarten students are required by the Texas State Health Code to have a vision/hearing screening. Please have your doctor complete the bottom portion and sign.

| <u>HEARING</u> | 1000Hz | 2000Hz | 4000Hz | |
|-----------------------|--------|-------------|--------|---------------------|
| Right | | | | Pass ____ Fail ____ |
| Left | | | | Pass ____ Fail ____ |
| Signature | | Date | | |

| <u>VISION</u> | R 20/ ____ | L 20/ ____ | Pass ____ Fail ____ |
|----------------------|------------|-------------|---------------------|
| Signature | | Date | |