

Little Treasures *Christian Childcare Center*

Health Form

Child's Name:

Date of Birth:

Health Requirements for Children:

1. Evidence must be presented for each child upon entering care that he/she is physically able to take part in our program.
2. At the beginning of each school year thereafter, evidence must be presented that the child continues to be able to participate in our program.
3. **A current immunization record for each child must be maintained at our facility.** When your child receives additional doses or boosters, you must update his/her record immediately. These records are audited regularly by the Texas Department of Health.

Admission Requirement:

One of the following must be presented when your child is admitted to our facility.

Check to indicate the option you select:

_____ A written statement from a licensed physician, signed and dated, certifying that the physician has examined your child within the past year and that the child is physically able to take part in our program.

“I have examined the above-named child within the past year and find that he/she is physically able to take part in your program. _____

Physician's Signature

_____ Date

_____ A form or written statement from a health service or clinic. Please attach it to this form.

If you do not have one of the above, please select from the following options:

_____ A signed statement from the parent as follows: “My child has been examined within the past

year by _____ located at _____

Physician's Name

Physician's Address and Phone Number

and is able to participate in your program.”

Signature of Parent or Legal Guardian Date

NOTE: This option must be followed by a signed and dated statement from your child's physician, as described above, within twelve (12) months of the date of admission.

_____ My child has an appointment for a physical examination on _____ with _____
Date Physician's Name

Physician's Address, and Phone Number

I will submit the physician's statement immediately following the examination.

Signature of Parent or Legal Guardian

Date

NOTE: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign a notarized affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family, you must obtain a certificate signed by a physician to that effect and attach it to this form.

