

School for Little Children Health Form
4417 Bellaire Blvd. Bellaire, Texas 77401
713-666-1111 FAX 713-666-2118

This information is CONFIDENTIAL for the use of medical personnel, teachers and staff who will work with your child.

Name of Child _____

Parent(s) _____

Address _____ Phone _____

Birth Date _____ Height _____ Weight _____

Immunization Requirements

We encourage incoming students to be up to date on their immunizations, as defined by the Texas Department of State Health Services and Childcare Licensing (www.dshs.state.tx.us/immunize/public.shtm)

I have attached a copy of.... (Please initial one below)

_____ my child's current and up-to-date immunization record.

_____ a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than 90 days after the affidavit is notarized.

_____ a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Circle any medical conditions, medications, allergies, which may affect emergency medical treatment:

- | | | | |
|-----------------------------------------------------|------------------|--------------------------|---------------------------------------------------|
| Environmental allergies | Existing illness | Previous serious illness | Limitations or restrictions on child's activities |
| Chronic Illness | Insect Stings | Surgeries | Reasonable accommodations or modifications |
| Adaptive equipment (include instructions below) | | | Symptoms or indications of complications |
| Medications prescribed for continuous long-term use | | | Diagnosed food allergies |
| Injuries and hospitalizations (past 12 months) | | | Food intolerance |
| Other | | | |

Explanation for any needs above:

Please provide a Health Action Plan for any special needs such as life-threatening allergies/food allergies or chronic illness. The form is available from your child's doctor.

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

Well-child Statement: I hereby certify that this child is physically fit to attend a weekday program for children.

Doctor's signature

Parent Signature

Date

Date

Reviewed by School for Little Children on _____ by _____
Emergency Action Plan submitted date: _____