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 a physician) within one week of admission.

^r Ne	w Students (select	only one option):	Child's Name:		DOB:	
1.	A signed and da	ated copy of a health	care professional's s	tatement is attached	d.	
2.	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 to					
3.		care program. Withi	in 12 months of admi		professional and is able to health care professional's	
Na	me and address of h	ealth care professio	onal:			
	Signature	– Parent or Legal Gu	ıardian	Date		
Re	turning Students: (Child's Name:			DOB:	
	past year and find the	at he/she is able to ta	· 	the childcare program. Date		
	VISION R 20/		L	20/	☐ PASS ☐ FAIL	
SNA	TURE		DATE			
	HEARING	1000 Hz	2000 Hz	4000 Hz		
	R				☐ PASS ☐ FAIL	
SNA	.TURE		DATE		1	
<u>icel</u>	chickenpox, please o	κ) vaccine is not requ	nt: My child had vario		ease. If your child has had enpox) on or about	
	Sic	gnature – Parent or L	egal Guardian	ardian Date		
	Olé	,			_ 3.0	

Privacy Statement: