HEALTH AND IMMUNIZATION RECORD

CHILD'S NAME	DATE OF BIRTH

HEALTH HISTORY

Please list any dietary restrictions: ____
Please list any physical restrictions: ____
Please list any known ALLERGIES: ____
Please list any behaviors you are aware of that may require assistance: ______________________________
____

Please check all that apply to your child's HEALTH HISTORY:
____ADD ____ADHD ____DIABETES ____ASTHMA ____EXISTING ILLNESS
____OTHER:____

CURRENT MEDICATIONS PRESCRIBED FOR LONG TERM USE: ______________________________

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____________________________________ DATE: _____________________________

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize The Village School Director or person in charge to take my child to :

Name of Licensed Physician: ____
Address: ______________________________ Phone Number: ______________________
Name of Hospital or Clinic: ____
Address: ______________________________ Phone Number: ______________________

OR

☐ **METHODIST RICHARDSON MEDICAL CENTER**
401 W Campbell Rd
Richardson, TX
(469) 204-1000

I give consent for necessary emergency treatment when my child is in the care of this Physician and/or Hospital/Clinic.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____________________________________ DATE: _____________________________

IMMUNIZATION RECORD

Each child enrolled in a child care center must meet applicable immunization requirements specified by the Texas Department of State Health Services. I understand that I must provide a current immunization record BEFORE my child will be able to attend The Village School. I also understand that I must provide updated immunization records as needed.

School-Age Only
My child's immunization record is current and on file at ______________________ Elementary School
Address: ______________________________ Phone Number: ______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____________________________________ DATE: _____________________________

HEARING AND VISION

Each child who will be 4 years of age by Sept. 1 of the calendar year, or who is already 4 years of age, must have a Hearing and Vision Screening on record at The Village School.

School-Age Only
My child's Hearing/ Vision record is current and on file at ______________________ Elementary School
Address: ______________________________ Phone Number: ______________________

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____________________________________ DATE: _____________________________

DOCTOR'S STATEMENT: I HAVE EXAMINED THE ABOVE NAMED CHILD WITHIN THE LAST 12 MONTHS AND FIND THAT HE/SHE IS PHYSICALLY ABLE TO PARTICIPATE IN A CHILD CARE PROGRAM.

PHYSICIAN'S SIGNATURE: _____________________________________ DATE: ______________________________