

# 2024-2025 Northside Preschool Health Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize personnel at Northside Preschool to take this child to the named physician or hospital.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN

Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Foods child MAY NOT eat: \_\_\_\_\_

Texas law requires that all children admitted to childcare institutions shall be immunized against the following diseases:

DRaP, IPV, MMR, HIB, Hep B, VAR, and PCV.

Children may be provisionally admitted if immunizations are begun and continued as medically possible.

Any vaccine excused for medical reasons requires a physician's documentation.

## Attach current shot record to the back of this form

This child was examined by me on \_\_\_/\_\_\_/\_\_\_ and found to be free from all contagious and transmissible diseases and is physically able to participate in the childcare program.

Physician's Name; \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Physicians' Signature: \_\_\_\_\_ Date: \_\_\_\_\_