School for Little Children Health Form

4417 Bellaire Blvd. Bellaire, TX 77401
Ph: 713 666 1111 Fax: 713 666 2118

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

Child's Name _____ Date of Birth _____

Parent Name _____

Address _____ Phone _____

Immunization Information

School for Little Children values the health of all persons both within and beyond our school community and strongly recommends all children be fully vaccinated in accordance with the Texas Department of State Health Services. For immunization information visit dshs.state.tx.us/immunize/public.shtm.

I have attached a copy of: (please initial one below)
_____ my child's current immunization record.
_____ a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Health and Safety Code 161.0041 submitted no later than the 90th day after the affidavit is notarized.
_____ a signed and dated affidavit stating that the vision or hearing screening (given to PreK students only) conflicts with the tenets or practices of a church or religious denomination of which I am an adherent or member.

Child's Special Care Needs Check any that apply.

- o Environmental allergies
- o Food intolerances or diagnosed food allergies
- o Existing illness
- o Previous serious illness
- o Injuries or hospitalizations in the past 12 months
- o Limitations or restrictions on child's activities
- o Reasonable accommodations or modifications
- o Adaptive equipment including instructions
- o Symptoms or indications of complications
- o Medications prescribed for long-term use
- o Other _____

Explanation

Please provide a Health Action Plan for any special needs such as life-threatening allergies or chronic illness.

Child care operations are public accommodations under the American with Disabilities Act (ADA), Title III. To learn more, visit ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at 800 514 0301.

Well Child Statement: I have examined the above named child within the past year and find they are able to fully participate in a preschool program.

Health Care Professional Signature _____ Date _____

Parent Signature _____ Date _____

Reviewed by School for Little Children on _____ by _____

Emergency Action Plan submitted on: _____