

# Health Form



## The Woods Private School

### STATEMENT OF HEALTH

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

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

I certify that the above named child is free of contagious or infectious disease, and I consider it safe for this child to attend The Woods Private School. He/she is current on all immunizations and may participate in all activities.

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### IMMUNIZATION RECORD

#### Admissions requirements by the Texas Department of Protective & Regulatory Services:

There must be on file, within one week of admission, documentation of immunization records and a written statement from a licensed health professional who has examined the child within the past year.

**Please attach your child's current immunization record.**

### VISION AND HEARING

The Special Senses & Communication Disorders Act (Article 4419g V.T.C.S.) was passed by the 68th Texas Legislature. The law requires hearing and vision documentation by any public, private, parochial preschool or school in Texas for all four-year olds, kindergarten, 1st, 3rd, 5th, 7th and 9th graders.

Child will be screened at school by professional screener.

Child has been screened with the following results: (A form from your physician may be attached.)

Hearing	Passed _____	Vision	Passed _____	Right eye 20/ _____
	Failed _____		Failed _____	Left eye 20/ _____

# SPECIAL NEEDS

(Please check the appropriate statement.)

My child has no special needs or allergies. \_\_\_\_\_

Yes, my child has special needs or allergies. \_\_\_\_\_

Please list any chronic medical condition necessitating dietary restrictions, medication, allergies, or restrictions on normal activity due to illness or injury.

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In the event of an accidental ingestion of an allergen or problems relating to their medical conditions, please list the proper procedures to be followed including any medications and proper doses.

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Emergency Number \_\_\_\_\_

A child who appears ill upon arrival will not be admitted to class:

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES (TDPRS) REQUIRES THAT CHILDREN BE FREE OF FEVER, VOMITING, AND/OR DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL. Our school is not able to meet the needs of sick children.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_