



It is imperative that the school have this necessary information, and authorization for medical care for each child before the date of admission (Normally September 1st) in order for the child to attend school. Please attach a copy of current immunization record.

MEDICAL FORM

Date of Admission _____ M ___ F ___ DOB _____

Hours in care each day: 9am – 12pm or 9am – 2:00PM

Child's Name _____ Home phone _____

Address _____ Zip _____

Father's Name _____

Phone to reach you during school hours: _____

Mother's Name _____

Phone to reach you during school hours: _____

**PARENTS MUST BE SURE THE PRESCHOOL KNOWS
WHERE TO REACH THEM AT ALL TIMES**

MUST BE FILLED OUT COMPLETELY

Family Doctor/ Pediatrician _____ Phone _____

Address _____

Name of Hospital _____ Phone _____

Address _____

Without completed Hospital Information we will use:
Cook Children's Hospital, 801 7th Ave 76104 Phone 682-885-6200

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Weekday Christian Preschool to call 911. (Staff members are not allowed to transport a child for medical emergencies) **The Medical Form signed by the parent or legal guardian will be taken to the emergency room. The parent or legal guardian assumes the cost of the ambulance service and all other medical care.**

I give consent for the facility to secure any and all necessary emergency care for my child.

Signature of Parent/Guardian

Date

IMMUNIZATION RECORD:

I have provided the Preschool with a copy of my child's most current immunization record.

Is child currently on any medication? Yes - No

If yes, what? _____

Has any medication been prescribed for long term continuous use? Yes - No

If yes, what? _____

Allergies: No Yes If yes, do you have an action plan from your doctor? _____

Seasonal Allergies (kind) _____

Food Allergies (list) _____

Is the child presently being treated for any injury or sickness? Please explain: _____

During the past 12 months has the child had any serious illness, injury, or hospitalization? (Please explain)

ADMISSION REQUIREMENT:

One of the following must be presented when your child is admitted to our school. Please check one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to participate in the preschool program.

 align="center">Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. 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 this.

4 My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the preschool.

Name and **address** of health care professional: _____

 align="center">Signature- Parent or Legal Guardian Date



This must be completed by **ALL** students who turn 4 years old by Sept 1, of current school year

Vision	R 20/ _____	L 20/ _____	___ Pass ___ Fail
Signature _____			Date _____

Hearing	1000 Hz	2000 Hz	4000 Hz	___ PASS ___ FAIL
R				
L				
Signature _____				Date _____



MEDICAL STATEMENT

This must be signed and dated by Health Care Professional

Date of Examination _____

_____ has been examined by me and found free of infections and contagious disease and is physically and mentally able to participate in group activities.

Health Care Professional's Signature

Date

Address

Phone