



Statement of Health

Child's Name _____ Birth Date _____

Please list any special needs your child may have. This includes but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for long-term continuous use.

(Parent) Please check none _____ or explain: _____

If allergies are listed above, a copy of the **Allergy Action Plan from the doctor must be attached to this form.*

I have examined the above named child within the past year and find that he/she is free of contagious or infectious disease and may participate in all activities while attending John Wesley Preschool.

Physician's Name

Address

Physician's Signature

Date

Phone Number

Immunization Record

Admissions requirements by the Texas Department of Protective and Regulatory Services:

Documentation of immunization records and a written statement from a licensed health professional who has examined the child within the past year must be on file in our office.

Please attach a copy of your child's current immunization record provided by the doctor or printed from ImmTrac (Texas Immunization Registry). Records can no longer be faxed to us.

Vision and Hearing

The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires hearing and vision documentation by any school in Texas for all four-year olds and five-year olds.

If your child is 4 or 5 years old by the beginning of school you will need to have one of the following:

Child will be screened at JW Preschool by a professional screener for a fee to be paid by parents. _____yes _____no

Child has been screened with the following results to be completed by the physician:

(A form from your physician may be attached.)

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