

HEALTH STATEMENT for \_\_\_\_\_

**Child's Name**

**Please attach complete immunization record**

Texas Dept of Family and Protective Services

Form 2935

**SCHOOL AGE CHILDREN:**

My child attends the following school:  
**Children's Day Out** \_\_\_\_\_ **281-326-1970**  
Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  be released to the care of his/her sibling(s) under 18 years old.

**IMMUNIZATION RECORD:**

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

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only 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 take part in the day care program.

\_\_\_\_\_  
**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 day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

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

\_\_\_\_\_  
**Signature - Parent/Guardian or Legal Guardian** **Date**

|                 |                |                |   |
|-----------------|----------------|----------------|---|
| <b>VISION</b>   | R 20/ _____    | L 20/ _____    | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ | DATE _____     |                |   |
| <b>HEARING</b>  | <b>1000 Hz</b> | <b>2000 Hz</b> | <b>4000 Hz</b>  |
| R               |                |                |   |
| L               |                |                |   |
| SIGNATURE _____ | DATE _____     |                |   |

**Hearing and Vision is required for all four year old students.**

\_\_\_\_\_  
**Signature - Parent/Guardian or Legal Guardian** **Date**

**This Health Statement form, signed or stamped by the physician's office, OR a signed/stamped Health Statement letter from the physician's office is required by Texas Child Care Licensing and MUST be on file.**