

Children of Joy! Preschool
2021-2022 Student Medical Record

Child's Name _____

DOB _____

Please answer each question **completely**. State of Texas Licensing requires that all medical information below must be on file at the Preschool before a child can be admitted to the school. **Incomplete Medical Forms will not be accepted.**

Immunization Record:

_____ Attached is a copy of my child's most current immunization record.

My child has had chickenpox disease and is not required to have the Varicella vaccine. ____ Yes ____ No

If your child has had chickenpox, please complete the following statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.

Parent Signature _____ **Date** _____

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an **official notarized affidavit** form developed and issued by the Department of State Health Services (www.dshs.state.tx.us/immunize). I understand this affidavit is valid for 2 years. ____ Yes ____ No

My child, _____, has been examined by _____,
_____ (name and address of physician) on the above mentioned date and has been found to be free of existing illness and is able to participate in preschool activities.

Parent Signature

Date

Health Care Professional's Statement (to be completed by physician):

Date of Last Physical Examination _____ .

Does the child have an existing illness, take medication for long term use, or is subject to seizures, allergies or any other medical condition that would restrict normal preschool activities? ____ Yes ____ No

If yes, please explain _____

I have examined the above named child **within the past year** and find that he/she is able to participate in the preschool program. I also hereby certify that the above referenced information in regards to Immunizations is correct.

Physician Signature

Date

Physician Name

Phone Number

Continue on back

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the facility director or staff person in charge to take my child to:

Child's Physician _____ Phone (_____) _____

Physician's Address _____ Hospital Preference _____

Name of Insurance Company _____ Phone (_____) _____

Company Policy # _____ Insured 's Name _____

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

Parent's Signature

Date

Health History

Has your child had any previous serious illness or hospitalization? ____ Yes ____ No

If yes, briefly explain: _____

Is your child receiving on going care from a specialist (speech, ECI, other)? _____ Yes ____ No

If yes, please provide details: _____

Is your child taking any prescription medications? ____ Yes ____ No

If yes, please explain: _____

Does your child have any special needs? ____ Yes ____ No

If yes, please explain: _____

Does your child have any allergies? ____ Yes ____ No

If yes, please be specific as to reactions and severity: _____

**For children with allergies, an Allergy Plan Form (provided by COJ) must be completed by a physician and kept on file at the preschool as required by licensing.*

PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY

A child will be released only to parents or to an adult designated in writing by a parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who can be contacted in case of an emergency if you cannot be reached. Please be certain that the people you list are willing to pick up your child in case of illness or emergency. **COJ! REQUIRES at least one contact person (other than parents) on file for your child.** I hereby authorize the following person(s) to leave the child care facility with my child:

1. Name _____ Home Phone (_____) _____ Cell Phone (_____) _____
Address _____ Relationship _____

2. Name _____ Home Phone (_____) _____ Cell Phone (_____) _____
Address _____ Relationship _____

3. Name _____ Home Phone (_____) _____ Cell Phone (_____) _____
Address _____ Relationship _____

Parent's Signature

Date