

hbc | parents day out

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Billie Logiudice-Director

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Child's Health Record

Child's Name: _____ Date of Birth: _____

Present Age: _____ Height: _____ Weight: _____ Sex: M/F

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

Parent Signature

Date

Texas Department of Human Resources Admission Requirement:

When your child is admitted into our program, this form must be completed, signed and returned with your child's current immunization record before your child can attend.

This section to be completed by physician:

Is the child free from communicable disease? Yes No

Is the child able to participate in group care? Yes No

List any medications and drugs taken regularly by the child:

Other special conditions: _____

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate in the Hutto Baptist Church Parent's Day Out Program.

Physician's Signature: _____

Address: _____

Phone: _____ Date: _____