



Health Statement

The Texas Department of Family and Protective services requires all children attending a childcare or preschool program have a health statement on file at the program along with a current copy of the child's immunization records (must have signature or stamp of a physician) within one week of admission.

For **New** Students (**select only one option**): Child's Name: _____ DOB: _____

1. ____ A signed and dated copy of a health care professional's statement is attached.
2. ____ 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.
3. ____ My child has been examined within the past year by the following 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 or Legal Guardian

Date

For **Returning** Students: Child's Name: _____ DOB: _____

4. ____ 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 childcare program.

Health Care Professional's Signature

Date