

13922 Schmidt Road
Cypress, Texas 77429
281-890-7498

Building Rainbows Day School

A Terrific Place for Children to Grow and Play!

Medical
Form

Name of Child: _____ Date of Birth: _____

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Dose 5
Hepatitis A					
Hepatitis B					
DTP/DTaP/DT					
IPV/OPV					
MMR					
*Varicella					
PCV (not required)					
TB Test (if required)					

Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature Date

*Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had varicella disease on or about (date) _____ and does not need 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. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations, contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/school_info.htm

ADMISSION REQUIREMENT: If your child does not attend 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 physically 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: _____

Parent Signature or Legal Guardian _____

Vision	Right 20/ _____	Left 20/ _____	Hearing	1000Hz	2000Hz	4000Hz	Pass/Fail
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Right				
	Signature		Left				
Date	Signature and Date: _____						