



Physician Statement



THE TEXAS DEPARTMENT OF HUMAN RESOURCES requires this document be completed by a licensed physician or health clinic **PRIOR to the first day of attendance or the child may not attend daycare.** If there are any problems meeting this requirement, please contact the Director immediately.

Child's Name _____ Age _____ Date of Birth _____

Signature _____
Parent or Guardian

1. EXAMINATION

I have examined (child's name) _____ within the past year and find he/she is free of contagious diseases and is physically able to participate in the day care program.

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at daycare? Yes No

If yes, please explain below _____

Current Date _____

Signature of Physician _____

Physician's Office Address _____

Physician's Office Phone # _____

2. IMMUNIZATIONS

Immunizations must meet the Department of Health standards for your child's age.

PLEASE ATTACH A COPY OF THE CHILD LISTED ABOVE UP TO DATE IMMUNIZATION RECORD. ANY CHILDREN 4 YEARS OLD ON OR BEFORE SEPTEMBER 1ST WILL NEED A VISION AND HEARING REPORT. IF YOUR CHILD HAVE A FOOD ALLERGY YOU WILL NEED TO COMPLETE A FOOD ALLERGY EMERGENCY CARE PLAN.

