



**Health & Medical Form**

Student's Health Information (Attach Explanations for any "YES" answer back of sheet)  
(Please attach a copy of your child's immunization card. as required by Texas state law)

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Chicken Pox			Asthma			ADD/ADHS		
Mumps			Hay Fever			Tonsillitis		
Measles			Tuberculosis			Ear/ Stomach Aches		
Diabetes			Small Pox			Seizures		
Hepatitis			Hives			Insect Allergies		
Scarlet Fever			HIV/Aids			Frequent Colds		
Hearing Loss*			Obits Media					

\*If yes, Hearing Aid (\_\_\_\_), Cochlear Implant (\_\_\_\_) Other (\_\_\_\_)

Cause of Deafness: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Severe Allergies: \_\_\_\_\_

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 preschool program.

\_\_\_\_\_

Health Care Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Helpful Information for our staff:**

Describe your family's forms of discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's sleeping habits: Nap time \_\_\_\_\_

\_\_\_\_\_

Bedtime: \_\_\_\_\_

\_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ If not describe steps you are taking toward that

process: \_\_\_\_\_

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