



5703 Ricky Street
Houston, Texas 77033

5203 Browncroft Street
Houston, Texas 77021

CHILD HEALTH REPORT

NAME _____ DATE OF BIRTH _____

If your child does not attend pre-kindergarten or school away for 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:

HEALTHCARE PROFESSIONAL STATEMENT I have examined the above-named child within the past year and find that he/she is able to safely take part in a daycare or after school program.

HEALTHCARE PROFESSIONAL SIGNATURE

DATE

STAMP

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.

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 HEALTHCARE PROVIDER

SIGNATURE OF PARENT OR GUARDIAN

DATE