

Health Form

Highlands Christian School

STATEMENT OF HEALTH

Child's Name _____ Birth Date _____

Parent's Name _____ Date _____

I certify that the above named child is free of contagious or infectious disease, and I consider it safe for this child to attend Highlands Christian School. He/she is current on all immunizations and may participate in all activities.

Physician's Name _____ Phone _____

Physician's Address

Physician's Signature _____

IMMUNIZATION RECORD

Admissions requirements by the Texas Department of Protective & Regulatory Services:

Within one week of admission, each year, documentation of immunization records and a written statement from a licensed health professional who has examined the child within the past year must be on file.

Please attach your child's current immunization record.

VISION AND HEARING

The Special Senses & Communication Disorders Act (Article 4419g V.T.C.S.) was passed by the 68th Texas Legislature. The law requires hearing and vision documentation by any public, private, parochial preschool or school in Texas for all four-year olds, kindergarten, 1st, 3rd, 5th, 7th and 9th graders.

Child has been screened with the following results:

Hearing Passed _____ Vision Passed _____ Right eye 20/_____

Failed _____ Failed _____ Left eye 20/_____

Child will be screened at school by a professional screener.



RISK ASSESSMENT FOR TYPE 2 DIABETES

As mandated by Texas Law (Section 95.001, Health and Safety Code) screening for Acanthosis Nigricans is required for 1st, 3rd, 5th, 7th and 9th graders. Child has been screened.

Results _____

SPECIAL NEEDS

(Please check the appropriate statement.)

My child has no special needs or allergies. _____

Yes, my child has special needs or allergies. _____

Please list any chronic medical condition necessitating dietary restrictions, medication, allergies, or restrictions on normal activity due to illness or injury.

In the event of an accidental ingestion of an allergen or problems relating to their medical conditions, please list the proper procedures to be followed including any medications and proper doses.

Emergency Number _____

A child who appears ill upon arrival will not be admitted to class:

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES (TDPRS) REQUIRES THAT CHILDREN BE FREE OF FEVER, VOMITING, AND/OR DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL. Our school is not able to meet the needs of sick children.

Signature of Parent or Guardian _____

Date _____