Angel Land Preschool

at North Richland Hills Baptist Church
Health Form & Medical Statement

Attach Copy of Current Shot Record

Child's Name_____ Date of Birth_____

List any of the child's special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, and disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use:

_____
_____
_____

ADMISSION REQUIREMENT BY LICENSING:

HEALTH-CARE PROFESSIONAL'S STATEMENT MUST BE SIGNED BEFORE CHILD CAN ATTEND SCHOOL (If your shot record has this statement on it, you do not have to have this one signed):

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

State Licensing requires all **Four Year Old** children enrolled in a school program to be screened for Hearing and Vision. This needs to be done by a physician or health care professional of your choosing. Please have the following information completed:

VISION R 20/_____ L 20/ _____ __PASS __FAIL

SIGNATURE_____ DATE_____

HEARING	1000Hz	2000Hz	4000Hz	
R	_____			__PASS __FAIL
L	_____			__PASS __FAIL

SIGNATURE_____ DATE_____