

2025-2026 Northside Preschool Health Form

Child's Name _____ Date of Birth _____

Parent's Name _____

Address _____ Zip _____

Emergency Contact

Name: _____ Phone _____ Relation _____

Name: _____ Phone _____ Relation _____

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize personnel at Northside Preschool to take this child to the named physician or hospital.

Parent Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN

Allergies: _____

Asthma: _____

Foods child MAY NOT eat: _____

Texas law requires that all children admitted to childcare institutions shall be immunized against the following diseases:

DRaP, IPV, MMR, HIB, Hep B, VAR, and PCV.

Children may be provisionally admitted if immunizations are begun and continued as medically possible.

Any vaccine excused for medical reasons requires a physician's documentation.

Attach current shot record to the back of this form

This child was examined by me on ___/___/___ and found to be free from all contagious and transmissible diseases and is physically able to participate in the childcare program.

Physician's Name; _____ Address: _____

Phone: _____ Hospital: _____

Physician's Signature: _____ Date: _____