Medical Information

15316 Huebner RD #300 • San Antonio, TX 78248 210-479-5853 vcssa.com

Student's Name

Child's Last Name	Child's First Name	Child's Middle Initial

Health Notes

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continous use, and any other information which caregiver's should be aware of:

Vision and Hearing Score

VISION	R 20/____	L 20/____	☐ PASS ☐ FAIL

Signature _____ Date _____

HEARING	1000 Hz	2000 Hz	4000 Hz	☐ PASS ☐ FAIL
R				
L				

Signature _____ Date _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature – Parent or Legal Guardian _____ Date _____

School Age Children

☐ My child attends the following school:	School Name		
Street Address	City	State	Zip Code
Telephone No.	*Check all that apply:*		

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

☐ ride a bus, and/or ☐ walk to and from school,

☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling	Name of sibling

Admission Requirement

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

1 ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature _____ Date _____

2 ☐ A signed and dated copy of a health care professional's statement is attached.

3 ☐ 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.

4 ☐ My child has been examined within the past year by a health care professinoal 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 of health care professional		Telephone No.	
Street Address	City	State	Zip Code

Signature – Parent or Legal Guardian _____ Date _____

Signature – Parent or Legal Guardian _____ Date _____