



Child Development Center
12766 Veterans Memorial Dr. • Houston, Texas 77014 • 281-836-5070

Full Name of Child _____

Date of Birth _____

A health care professional's statement is a licensing requirement.

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.

Child is not at risk for tuberculosis Child is at risk for tuberculosis

Does child have severe allergic reaction to insect bites, food allergies or other allergies, existing illness, previous serious illness, injuries or been hospitalized during the past 12 months?

No Yes

If Yes, explain: _____ Epi Pen

Has any medication been prescribed for long-term continuous use?

No Yes Complete N 25 Request for Administration of Medication

If Yes, explain: _____

Health care professional is providing parent/legal guardian a copy of current immunization record.

Health Care Professional's Signature

Date

For additional information regarding immunizations contact the Texas Department of State Health Services at <https://www.dshs.texas.gov/immunize/school/>