



## The Little Red Caboose Health Form

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

#### Others to 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 The Little Red Caboose 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:

DTaP, IPV, MMR, HIB, Hep B, Hep A 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 child care program.

Physician's name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_