



## Health Requirements

\_\_\_\_\_ (child's name) has been examined by a licensed Texas physician within the last 12 months and is physically able to participate in the school program.

Physician's Signature \_\_\_\_\_ Date of examination \_\_\_\_\_

# Please include an updated immunization record.

The [Texas Department of Health and Human Services](#) requires that if a child has a food allergy, his or her pediatrician fill out the below plan of action if exposed. If no food allergies are known, you may leave this section blank.

**FOOD ALLERGIC TO:** \_\_\_\_\_

**SYMPTOMS IF EXPOSED:** \_\_\_\_\_

**PLAN OF ACTION IF EXPOSED:** \_\_\_\_\_

**FOOD ALLERGIC TO:** \_\_\_\_\_

**SYMPTOMS IF EXPOSED:** \_\_\_\_\_

**PLAN OF ACTION IF EXPOSED:** \_\_\_\_\_

**FOOD ALLERGIC TO:** \_\_\_\_\_

**SYMPTOMS IF EXPOSED:** \_\_\_\_\_

**PLAN OF ACTION IF EXPOSED:** \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_