

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.

Date of examination _____ Physician's Signature _____

Please include an updated immunization record.

If your child has food allergies, please fill out the information below.

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: _____