



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 attach an updated immunization record.

The [Texas Department of Health and Human Services](#) requires that if a child has a food (or other severe) 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: _____

OTHER KNOWN ALLERGENS: Please attach a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e. Anaphylactic shock from insect stings, etc) in the child, as well as a plan of action in case of accidental exposure.

I authorize Claire's Day School to follow the plan of action as outlined by the pediatrician above, and release Claire's Day School of any liability should administration deem it necessary to do so.

Parent's Signature _____ Date _____