



Child's Health Record

6901 E. State HWY 191
Odessa, TX 79762

**This form must be completed and signed by a health care provider.

Name of Child _____ Birth date _____

Height _____ Weight _____

Are all immunizations up to date? Yes _____ No _____

If no, please indicate reason:

*Please attach a current copy of immunization record

GENERAL INFORMATION

Does the child have any known allergies? _____

Please list any medications the child is taking that the staff needs to be aware of:

Does the child have any special needs of which the staff needs to be aware of:

"I have examined the above named child within the past year and find that he/she is physically able to take part in the weekday program."

Physician Signature

Date

Please print Physicians name

Address: _____

Phone: _____