

**Colonial Hills United Methodist School
2019-2020 MEDICAL FORM REQUIRED for ADMISSION**

Child's Name: _____ Birth Date: _____

Admission Requirement: Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is free from communicable diseases and is able to take part in school.

_____ Date _____
Health Care Professional's Signature

2. A signed and dated copy of a health care professional's statement is attached.

3. A medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

The name and address of health care professional who saw my child is:

Signature – Parent or Legal Guardian Date

***If your child will be 4 or older by September 1, 2019, you will need to provide a hearing and vision screening from your physician.**

VISION	R 20/ _____	L 20/ _____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature _____	Date _____			
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Signature _____		Date _____		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Emergency Medical Care Facility: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Immunization Record:

- I have provided the school with a copy of my child's most current immunization record.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is valid for 2 years.

For additional information regarding Immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date