



MEDICAL INFORMATION FORM

Grace Point Daycare & Preschool Ministry
9750 Huebner Rd.
San Antonio, TX 78240
Phone – 447-0032 Fax – 696-6095

CHILD'S NAME _____ BIRTHDATE _____
ADDRESS _____
PARENT/GUARDIAN _____
NUMBER(S) TO CALL FOR EMERGENCY _____

TO BE COMPLETED BY PHYSICIAN

IMMUNIZATION HISTORY: Texas law (H.B. 106) requires that all children admitted to child care institutions and schools shall be immunized against the following diseases: measles/mumps/rubella, diphtheria, tetanus, pertussis, Hib meningitis, polio, hepatitis B and varicella. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible.

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS

ALLERGIES: _____ SUNBURN SENSITIVITY: _____
BEE STINGS: _____ HAY FEVER/ASTHMA: _____
OTHER: _____
LIMITATIONS: Activities the child should **NOT** engage in:
Out door games ____ Water play ____ Other limitations _____
Has this child ever been evaluated for special assistance or counseling? _____
If yes, explain: _____
Please make a statement of any special problems or needs this child has or has had: _____

This includes:
Allergy: _____ Existing illnesses: _____ Previous serious illness: _____ Injuries: _____
Hospitalizations within the last 12 months: _____
Explain: _____

Please use the back of this form if further explanation is needed for anything.

This child was examined by me on _____ and was found to be free of all contagious and transmissible diseases and is physically able, with exceptions noted, to participate in the school program.

Physician's Signature

Hospital _____ Phone number _____
(for emergency use only)