

**IMMUNIZATION & HEALTH RECORD**

**Ridgewood Park Preschool and PDO**

rev. 3/19

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Last Routine Medical Examination** was on this date:

(Must be within the last 12 months) \_\_\_\_\_

*\* Ridgewood Park Preschool and Parent's Day Out requires that in order for a child to be enrolled, they must be current on all vaccinations according to the Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities; or documentation must be provided that they are on a delayed schedule approved by their pediatrician.*

**HEALTH INFORMATION**

The following information **MUST** be **completed and signed by your doctor.**

1. Are there any specific limitations or restrictions affecting the child's participation in the Program, relating to: existing illnesses, previous serious illnesses or injuries, any disabilities, or any medication prescribed for long-term, continuous use?

\_\_\_\_\_  
\_\_\_\_\_

2. List any allergic conditions (foods, pets, insect bites, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

If allergic reaction occurs, is EpiPen necessary? \_\_\_\_\_ YES \_\_\_\_\_ NO  
*(If yes, parents will need to provide two EpiPens to be kept at school).*

**OR** Child has no known allergies \_\_\_\_\_

3. Is this child currently being treated for asthma? \_\_\_\_\_

4. Has this child been hospitalized in the last 12 months? \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE OR  
STAMP MUST BE PROVIDED HERE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
Physician's Phone Number

**PLEASE ATTACH A COPY OF YOUR CHILD'S MOST  
CURRENT IMMUNIZATION RECORD**

and provide a copy of updated immunizations as they occur throughout the year.

*You may return this form and a current immunization record by emailing to:  
**thigdon@ridgewoodparkchurch.org.***