ASHFORD
CHILD ENRICHMENT CENTER
love bless teach

2201 S Dairy Ashford Road, Houston, TX 77077
Phone: 281-497-6901 Fax: 281-497-7574

MEDICAL INFORMATION FORM (2020-21)

Child's Name ______________________________ Gender_____ Birth date _____/_____/ ________

Address ____

Physician's Name______________________________ **Physician's Office Phone** ______________________

Please answer each question or respond N/A

Allergies ____

Has your child been **diagnosed** with health problems, impairments, or other special needs? ______________________

____

Has this child suffered seizures? ______ Explain ______________________________

Has child been hospitalized during the past 12 months? _____ Explain ______________________________

Is child currently taking medication? ______ Explain ______________________________

Is child physically able to participate in a day care program? ______________________________

If not, please list any activities which should be excluded ______________________________

Does child require a special diet? ______________________________

Other health or developmental concerns? ______________________________

Immunizations	Birth	3 Months	5 Months	7 Months	12 Months	18 Months	3 Years	4 Years
DTO/DTap/DT								
HIB								
Polio								
MMR								
Varicella								
Hep B								
Hep A								

***PLEASE ATTACH A CURRENT SHOT RECORD.**

Please complete the following for children who are 4 or 5 years old.

Hearing Screening: Date: _____/______/_____
_____ Pass _____ Fail

Rescreen Date: _____/_____/_____
_____ Pass _____ Fail

Vision Screening: Date: _____/_____/______
_____ Pass _____ Fail

Rescreen Date: _____/_____/_____
_____ Pass _____ Fail

Speech Screening: (Optional) Date: _____/_____/_____
_____ Pass _____ Fail

Name of Test: ______________________________

____
Signature of Screener if other than Physician

Physician's Statement: I have examined the above named child **within the past year** and find that he/she is physically able to take part in the day care program.

____
Physician's Signature

____
Date

Parent Statement: My child has been examined **within the past year** by a health care professional and is able to participate in the day care program.

____
Parent's Signature

____
Date