

# JUNIOR'S JUNCTION PRESCHOOL CHILD HEALTH RECORD

\_\_\_\_\_

Child's name

\_\_\_\_\_

Date of Birth

Statement of child's special needs or problems:

List any allergies your child has: \_\_\_\_\_

List any existing illnesses: \_\_\_\_\_

List any previous serious illnesses or injuries: \_\_\_\_\_

List any disabilities or limiting conditions you child has: \_\_\_\_\_

If yes, recommendations for your child's care, signed by a qualified physician, psychologist, or other expert, must be submitted to Junior's Junction. Junior's Junction will note the recommendations in your child's records and make sure they are carried out.

Has your child been hospitalized during the past 12 months? \_\_\_\_\_

For what reason? \_\_\_\_\_

List any surgery your child has ever had: \_\_\_\_\_

List any medication prescribed for long term or continuous use for your child: \_\_\_\_\_

I \_\_\_\_\_ have attached a copy of \_\_\_\_\_ current and up to date  
Parent signature Child's name

Immunization record to this form as required by the Texas Department of Health.

I hereby certify that the above information is accurate to the best of my knowledge:

\_\_\_\_\_

Parent signature

\_\_\_\_\_

Date

\*\*\*\*\*

I have examined the child named on this form within the last 12 months and find that he / she is free of contagious disease and is able to participate in this preschool program.

\_\_\_\_\_

Physician's signature

\_\_\_\_\_

Date