



823 Towne Court  
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## Health Requirements

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Enrolling parent/guardian's name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Physician's name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Dentist's name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Before your child can attend Endless Discoveries Child Development Center, you must present a signed current immunization record and a statement from a physician that your child is physically able to take part in our program.\*

**Observe Your Child before Coming to School.** One of the most important steps in avoiding the spread of disease is observation. Each day before you bring your child to school, make careful observations about your child. If the child just isn't himself or herself, check to see if any other apparent symptoms, especially fever, are present. Hearing and Vision Screenings are required for children age 4 and above. A copy of the results of these screenings must be kept on file at the child care center.

**If Your Child Becomes Ill at School.** Using the above guidelines, the teacher may determine that your child is too sick to remain at school. If this happens, you will be contacted and asked to pick up your child within one hour.

**When Your Child Can Return to School.** *Your child may return to school with a doctor's release indicating that your child is not contagious. Or, your child may return once he or she is free of fever, diarrhea and vomiting for 24 hours.*

\* If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician to that effect) and attach it to this form.

**Immunizations.** You are responsible for keeping your child's immunizations up-to-date and for giving the school director updated written statements about new immunizations signed by the doctor. Hearing and Vision Screenings are required for children age 4 and above. A copy of the results of these screenings must be kept on file at the child care center.

**I have received and read the Endless Discoveries Child Development Center Health Policy, and I will comply with it.**

**Child's Name** \_\_\_\_\_

**Signature of Child's Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor'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 school's program.**

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

# Food Allergy Action Plan

Write in each food allergy separately, with the specific symptoms and reactions related to that allergy, and the action plan that has been discussed and accepted by the family and physician. A physician **MUST** sign the bottom of this page for all listed food allergies. Mark N/A for any fields left blank. Please note that allergies unrelated to food should not be listed on this page.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Food Allergy #1** \_\_\_\_\_

Symptoms & Reactions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergy #2** \_\_\_\_\_

Symptoms & Reactions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergy #3** \_\_\_\_\_

Symptoms & Reactions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergy #4** \_\_\_\_\_

Symptoms & Reactions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Plan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Child's Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_