

**Colonial Hills United Methodist School  
2024-2025 MEDICAL FORM REQUIRED for ADMISSION**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Admission Requirement: Please check only one option:**

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is free from communicable diseases and is able to take part in school.

\_\_\_\_\_ Date

Health Care Professional's Signature

\_\_\_\_\_ Phone

Address

2.  A signed and dated copy of a health care professional's statement is attached.

3.  A medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

**\*If your child will be 4 or older by September 1, 2024, you will need to provide a hearing and vision screening from your physician.**

<b>VISION</b>	R 20/ _____	L 20/ _____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature _____	Date _____			
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Signature _____		Date _____		

**Immunization Record:**

I have provided the school with a copy of my child's most current immunization record.

For additional information contact the Department of State Health Services at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the following emergency care facility:

Emergency Medical Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

***I give consent for the Colonial Hills United Methodist School to secure any and all necessary emergency medical care for my child.***

\_\_\_\_\_  
Signature - Parent or Legal Guardian