

**Colonial Hills United Methodist School
2022-2023 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, 2022, you will need to provide a hearing and vision screening from your physician.**

| | | | | |
|-----------------|-------------|-------------|---------|---|
| VISION | R 20/ _____ | L 20/ _____ | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| Signature _____ | Date _____ | | | |
| HEARING | 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

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