



Parent's Health Statement and Authorizations

Must I provide a health statement for my child in a child care program?

The State of Texas requires a signed statement from the parent giving the name and address of a health-care professional who has examined the child within the past year stating that the child is able to participate in the program. This must be followed by a signed statement from a health-care professional within 12 months of the date of admission.

Name of Child: _____

Date of Birth: _____

HEALTH INFORMATION

You may list any health issues or concerns here that you would like us to be aware of.

Please specify any dietary restrictions (Vegetarian, Vegan, etc).

Please list any allergies, and any required medicines.

HEALTH AUTHORIZATION

My child has been examined by a health-care professional within the past year who has cleared him/her for participation in a preschool program.

HEARING AND VISION RECORDS FOR CHILDREN 4 YEARS AND OLDER

If your child is 4 years of age or older, we must have proof of a hearing and vision test for our records. This must be provided within 30 days of enrollment, or within 30 days of the child's 4th birthday.

My child is 4 years of age or older and I will provide the Hearing and Vision records within 30 days.
Our HIPAA compliant Fax number is 281-724-3549



CHILDS PHYSICIAN Please provide information about your child’s physician.

Name of Health Care Professional: _____
Phone Number: _____
Address: _____

ALTERNATE EMERGENCY CONTACT

Please provide an alternate emergency contact who does not live with your child.
The State of Texas (Childcare licensing) requires this information.

Name: _____
Relationship to child: _____
Phone Number: _____
Address: _____

Driver’s License # and State: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event of an emergency when no guardian or alternate emergency contact can be reached, Elements Montessori will seek appropriate medical attention for the child. This may involve calling an ambulance or taking the child to an emergency care facility as deemed necessary, including but not limited to Family First Pediatrics and/or CHI St. Luke's Health–The Vintage Hospital.

Payment for medical services and/or emergency transportation will be the responsibility of the parent/guardian.

I give consent to Elements Montessori to secure necessary emergency medical care for my child as described above, and that I am responsible for payment.

Name of Child: _____
Date of Birth: _____
Name of Parent or Guardian: _____
Signature of Parent or Guardian: _____
Date: _____