

## HEALTH REQUIREMENTS – Pre-K & Bridge

A copy of an immunization record signed and stamped by a physician or health professional is required.

If immunizations 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.

### ADMISSION REQUIREMENT FOR ALL STUDENTS:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Physician Statement

**Physician 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 Bright Beginnings Early Learning Program. I also certify that this child's immunizations are current and up to date.

**Food Allergies:** \_\_\_\_\_ No food allergy is present at this time  
\_\_\_\_\_ Diagnosed food allergy see Emergency Plan

**Hearing and Vision Screening:** All children 4 years old by September 1<sup>st</sup> of the current school year are required by the State Minimum Standards to have Vision and Hearing Screening. Please have your doctor complete the following form to verify the screening has been completed.

|                  |             |             |   |   |
|------------------|-------------|-------------|---|---|
| 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: _____ |   |   |

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Phone Number

### Bright Beginnings Early Learning Program

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